



**RADIATION SAFETY DEPARTMENT**

WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS • Jefferson Memorial Hospital

G-139 Health Sciences Center • PO Box 9006 • Morgantown, WV 26506-9006 • Phone: 304-293-3413 • Fax: 304-293-4529

RSS FORM #722

**Analytical X-Ray Equipment  
Service/Repair/Alteration Request Form**

Note: This form shall be completed only when shipping an x-ray unit out of the institution for service, repair or alteration to any certified component (e.g. tube or generator) as described in the Administrative Control Guidelines 4.a & b.

**(Please complete and return to Radiation Safety, PO Box 9006 or fax to 293-4529.)**

**Individual Completing Form**

<b>Name</b>	<b>Title</b>
<b>Dept</b>	<b>PO Box</b>
<b>Phone #</b>	<b>E-Mail</b>

**Primary User of X-ray unit**

<b>Name</b>	<b>Title</b>
<b>Department</b>	<b>PO Box</b>
<b>Off Rm #</b> <b>Bldg</b>	<b>FAX</b>
<b>Off Phone #</b>	<b>E-Mail</b>

**Description of Unit & Location**

<b>Manufacturer</b>	<b>Model #</b>
<b>Make</b>	<b>Date Purchased</b>
<b>Control Panel Serial #</b>	<b>X-ray Tube Serial #</b>
<b>Building</b>	<b>Room No. where device is physically located</b>
<b>Fixed or Mobile Unit? (circle one)</b>	

**Vendor Information**

<b>Name of the Vendor</b>	<b>Address</b>
<b>Name of Service Rep Contact</b>	<b>City</b>
<b>Office phone Number</b>	<b>State</b> <b>Zip Code</b>

Please answer the following question regarding the x-ray unit(s) you would like to send out of the institution for maintenance or report (attach additional sheets if necessary).

- Briefly describe the problem (e.g. what is the malfunction of the x-ray unit).**

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**(Radiation Safety --Office Use Only)**

**Date Form Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Reviewed By:** \_\_\_\_\_

**Date RSD Contacted Vendor:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Service Rep Name:** \_\_\_\_\_

**Description of Diagnosed Problem and Corrective Action:**

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