Oregon X-ray Control Panel Registration Application

Public Health Division | Radiation Protection Services
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Fill out form completely and accurately. When this form has been submitted the machine may be operated by appropriate staff. Once the form is processed you will be sent an invoice for payment. Upon receipt of payment, RPS will send you a validation certificate to post. **NOTE: All Linear Accelerator X-ray machines** used in a medical setting must have shielding calculations approved by this office before the machine is installed and a Radiation Safety Survey done after it is installed before the machine can be registered or used on patients.

List the installers information below. If no installation was required then list the contact information for the vendor you purchased the machine from or previous owner of the machine.

Vendor/Previous Owner: _____ Vendor's Valid License #: _____

Address: _____

Phone #: _____ Email: _____

NOTE: OAR 333-101-0020(1) requires vendors to have a valid license to sell, install or service your X-ray machine

Registrant Information:

Owner Name: _____

Facility Name: _____

Physical Address: _____

Phone # @ physical location: _____ Fax # @ physical location: _____

Mailing Address: _____

Owner's email address: _____

Do you currently have any X-ray control panels registered with our office? _____

If yes, what is your current Facility ID number? _____ *(found on the upper left corner of the validation certificate)*

If no, is this the first X-ray machine you have ever owned in Oregon? _____

Machine Information:

Manufacturer: _____ Model: _____

Control Panel Serial #: _____ Max kVp: _____ mA: _____ # of Tubes: _____

Health Division RAD # (silver State ID sticker on control panel if purchased used or inspected): _____

Date you acquired this machine or brought it into Oregon: _____

Select your facility type: _____ Select Machine Style: _____

Machine Room Location: _____

Select as many Device Types as apply to your machine:

Device Type: _____ Device Type: _____ Device Type: _____

If the above machine is replacing an existing control panel, please provide the following information about the control panel that is being replaced: Control Panel Serial #: _____ State ID#: _____

Contact information for new owner of this machine: _____

Registrant/Owner Signature & Date: _____