Government of the District of Columbia

DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
RADIATION PROTECTION
899 North Capitol Street, NE,
2nd Floor
WASHINGTON, DC 20002

# REGISTRATION OF RADIATION PRODUCING MACHINES

This form properly completed and filed with the Department of Health, Radiation Protection Office constitutes an application for registration of radiation producing machines. When certified by the Director, Department of Health or the Director's designee, a registration certification will be sent to the registrant and should be retained on file as verification of registration. The registrant shall notify the Director or the designee within thirty (30) days of any change that renders information inaccurate.

Please read instructions before completing this form.
Answer applicable questions only. Use additional sheets if necessary.

## I. RESPONSIBLE OPERATOR

a. Check appropriate box:

[ ] Physician [ ] Dentist [ ] Podiatrist

[ ] Chiropractor [ ] Veterinarian [ ] Other Specify_____

b._____
Owner-Name Certificate Number (If applicable)

c._____
Address Number Street City State Zip Code

d._____
Name of Facility

e._____
Address of Facility (Number and Street in D.C. only)

f._____
Person Responsible for Radiation Safety Contact Number

## II. RADIATION PRODUCING EQUIPMENT-List Requested Information On Each Machine.

| ROOM | (a) mfr* | MODEL AND/OR SERIAL NUMBER | | (b) Type* | (c) Purpose | Max KVp |
|---|---|---|---|---|---|---|
| | | Generator | X-ray tube unit | | | |
| | | | | | | |
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* The following codes should be used in the above table.

a. MANUFACTURE
1. General Electric
2. Picker
3. Westinghouse
4. Siemens
5. Other (Specify here)

_____
_____

b. TYPE OF SOURCE
1. Radiographic
2. Fluoroscopic
3. Dental
4. Therapy
5. Photofluorographic
6. Teletherapy (Give isotope) and
7. Other (Specify here)

_____
_____

c. PURPOSE*
1. Human Use-Diagnostic
2. Human Use-Therapeutic
3. Animal use
4. Research-Educational
5. Industrial
6. Not on use
7. Other (Specify here)

_____
_____

## III. CERTIFICATION - PLEASE SIGN BELOW

_____ (Signature of Owner or Person-in-Charge)

_____ (Printed or Typed Name of Signer)

_____ Date

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.