

Texas Department of State Health Services

UTILIZATION LOG

Licensee/Registrant Name: _____ License/Registration No. _____ Storage Location (address): _____

* Exposure Device (“Camera”) / Transport Container / or Control Console Serial No. _____

| DATE OUT OF STORAGE | SOURCE SERIAL NO. | USE LOCATION | DATE(S) OF USE | SIGNED OUT TO (PRINT NAME) | DATE RETURNED TO STORAGE | RETURNED BY (PRINT NAME) |
|---------------------|-------------------|--------------|----------------|----------------------------|--------------------------|--------------------------|
| | | | | SIGNATURE | | SIGNATURE |
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* Use a separate Utilization Log form for each exposure device, transport container or x-ray control console.