



Oregon X-Ray Machine Registration Request

Department of Human Services / Radiation Protection Services

800 NE Oregon St. #640 Portland, OR 97232-2162

voice: (971) 673-0507 fax: (971) 673-0553

WHERE DID YOU OBTAIN THIS X-RAY MACHINE?

Name of vendor or former owner _____

Mailing address of vendor or former owner _____

Phone # of vendor or former owner _____

REGISTRANT INFORMATION

Name of owner _____ Name of facility _____

FACILITY ADDRESS	MAILING ADDRESS (if different)
_____	_____
_____	_____

Telephone number _____ fax number _____

Do you currently have any x-ray control panels registered with our office? Yes No

If *yes*, what is your current Facility ID Number? * _____

If *no*, is this the first x-ray machine you have ever owned in Oregon? Yes No

* Facility ID # is the 4-digit number printed in upper left corner of registration certificate.

MACHINE INFORMATION

Manufacturer _____ Model # _____

Control panel serial # _____ Max kVp _____ mA _____ # of tubes _____

Health services RAD # _____ Date you acquired this machine _____

[RAD # from silver sticker located on control panel of used unit]

Room where this x-ray unit will be located _____

If this unit is replacing an existing control panel, please list the machine number(s) of the disposed unit(s). If the disposed unit went to another Oregon facility, please indicate the name and address of that facility.

MACHINE #	NAME OF RECIPIENT	ADDRESS OF RECIPIENT

CHECK ALL APPLICABLE DESCRIPTORS

FACILITY TYPE

Academic Medical Veterinarian	Chiropractic Naturopath	Dentist Osteopath	Denturist PA/NP	Hospital Podiatrist	Industrial Radiologist
State Academic	State Dental	State Medical	State Hospital	State Industrial	

DEVICE TYPE

Accelerator Diffraction Grenz-ray Radiographic X-ray Gauge	Betatron Digital Intraoral R&F	Bone Density Encephalometric Ion Implant Simulator	Cabinet Faxitron Mammography Therapy	CT Fluoroscopic Panographic Van de Graff
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PLEASE NOTE: All Linear Accelerator x-ray machines used in a medical setting must have shielding calculations approved by this office prior to installation. A post-installation Radiation Safety Survey must be conducted before the machine may be registered and approved for clinical use. Questions should be directed to the X-ray Program Manager: (971) 673-0505.

PRINTED NAME OF REGISTRANT	SIGNATURE OF REGISTRANT

Once this form has been returned to Radiation Protection Services (RSP) and processed, you will be sent an invoice for payment. Upon receipt of payment, RPS will issue you a registration certificate to post. Questions or clarifications should be directed to **Judy Smith** at (971) 673-0507. Forms may be *faxed* to (971) 673-0553.

If you are completing the interactive .pdf registration by computer, be sure to **print the document** before closing the file. On the PRINT menu, be sure DOCUMENT AND COMMENTS appears in the PRINT WHAT box. Your entered text will disappear once the file is closed.