VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

RH-F-3 (08/15)

OFFICE OF RADIOLOGICAL HEALTH
P. O. Box 2448 - Room 730
Richmond, VA 23218
(804) 864-8150

Non-Medical X-Ray Systems Registration

All registrants who sell, donate, or substantially modify or receive additional radiation sources are required to notify this agency.	This form is to register all sources of ionizing radiation not licensed by the N.R.C. or by the Commonwealth of VA. Only those sources used or stored at one address may be registered on one form. Return both copies of the completed form to the Office of Radiological Health at the above address. One copy will be returned as proof of registration.	FACILITY NO.

FACILITY / OWNER				☐ NEW REGISTRATION
STREET ADDRESS	CITY	STATE	ZIP	☐ ADDITIONAL MACHINES
TELEPHONE ( )	FAX ( )	EMAIL		

SOURCE LOCATION IF DIFFERENT FROM ABOVE	

PERSON RESPONSIBLE FOR RADIATION SAFETY	NAME		TELEPHONE ( )	FAX ( )
	STREET ADDRESS	CITY	STATE	ZIP	EMAIL

Last survey date at this location of sources for radiation safety:	BY WHOM	PERSONAL MONITORING DEVICES EMPLOYED? ☐ YES ☐ NO ☐ N/A	TYPE ☐ MONTHLY ☐ QUARTERLY ☐ OTHER _____

RADIATION PRODUCING MACHINES- REGISTER EACH TUBE IN A SEPARTE SECTION

MACHINE TYPE	a. DATE INSTALLED / b. MACHINE TYPE	c. MANUFACTURER / d. CONSOLE SERIAL	e. MODEL NUMBER / f. PURPOSE	g. KVP/mA / h. Room #	REGISTRATION NO. (STATE USE ONLY)
1. Accelerator	a.	c.	e.	g.	_____
	b.	d.	f.	h.	
2. Analytical X-ray	a.	c.	e.	g.	_____
3. Cabinet Unit	b.	d.	f.	h.	
4. X-ray Diffraction	a.	c.	e.	g.	_____
5. Electron Microscope	b.	d.	f.	h.	
6. X-ray Fluoroscence	a.	c.	e.	g.	_____
7. Industrial X-ray	b.	d.	f.	h.	
8. Other (describe) _____	a.	c.	e.	g.	_____
	b.	d.	f.	h.	
	a.	c.	e.	g.	_____
	b.	d.	f.	h.	
	a.	c.	e.	g.	_____
	b.	d.	f.	h.	

PURPOSE
1. Analysis
2. Baggage Inspection
3. Defraction
4. Inspection
5. Manufacturing
6. Quality Control
7. Research
8. Security
9. Other (describe) _____

AUTHORIZED REPRESENTATIVE SIGNATURE	TITLE	DATE

HEALTH DEPARTMENT