

RH-F-3 (6/07)

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 Radiological Health at the above address. One copy will be returned as proof of registration.

FACILITY NO.

FACILITY / OWNER			
STREET ADDRESS		CITY	STATE ZIP
TELEPHONE ()	FAX ()	EMAIL	

NEW REGISTRATION
 ADDITIONAL MACHINES

SOURCE LOCATIONS 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	TYPE <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER
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RADIATION PRODUCING MACHINES – REGISTER EACH TUBE IN A SEPARATE SECTION	a	c	e	g	h
	DATE INSTALLED	MANUFACTURER	MODEL NUMBER	MAX KVP	MAX mA
b	d	f	i		
MACHINE TYPE	CONSOLE SERIAL	TUBE SERIAL	PURPOSE		
1 - Accelerator	a	c	e	g	h
2 - Analytical X-ray	b	d	f	i	
3 - Cabinet Unit	a	c	e	g	h
4 - Diffraction	b	d	f	i	
5 - Electron Microscope	a	c	e	g	h
6 - Fluorescence	b	d	f	i	
7 - Industrial Gauge	a	c	e	g	h
8 - Ion Implanter	b	d	f	i	
9 - Spectrophotometer	a	c	e	g	h
10 - Industrial X-ray	b	d	f	i	
	a	c	e	g	h
	b	d	f	i	
	a	c	e	g	h
	b	d	f	i	
	a	c	e	g	h
	b	d	f	i	
	a	c	e	g	h
	b	d	f	i	

- 1 - Analysis
- 2 - Baggage Inspection
- 3 - Defraction
- 4 - Failure Analysis
- 5 - Fill Level Gauging
- 6 - Gauging
- 7 - Ion Implanting
- 8 - Inspections
- 9 - Manufacturing
- 10 - Quality Control
- 11 - Research
- 12 - Security

OWNER SIGNATURE	TITLE	DATE
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