



# X-Ray Machine Registration

DIVISION OF RADIOLOGICAL HEALTH  
AND SAFETY REGULATIONS  
P.O. Box 2448 • Room 730  
Richmond, VA 23218  
(804) 864-8150

**PRACTICE TYPE**

- HOSPITAL       MEDICAL       CHIROPRACTIC  
 DENTAL       PODIATRIC       VETERINARY  
 OTHER (SPECIFY) \_\_\_\_\_

FACILITY NO. \_\_\_\_\_

- NEW REGISTRATION  
 ADDITIONAL MACHINES

*If the facility is owned or operated as a state or local governmental agency, then specify type of practice and also below "other" enter "State Institution" or the name of the local government. Hospitals with out-patient or satellite clinics not located at the main hospital site should specify type of practice as medical for the clinics.*

- Machines located at different addresses should be registered on separate forms.
- Mail both copies of this registration; One copy will be returned for your files.
- Registration expires on notice and may be renewed upon payment of the registration fee.
- All owners or operators of X-ray machines are required to register their machines within 30 days after installation and request an initial inspection by a private inspector or a Department of Health Inspector. In the event of changes in or installations of new equipment during the last ninety days of a period for which an inspection has been made no interim inspection shall be required.
- A list of Private Inspectors will be provided with the enclosed registration forms and upon request.
- All registrants who sell, donate, substantially modify or receive additional radiation sources are required to notify this agency of same.

FACILITY / OWNER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

DOCTOR(S) PRACTICING AT ABOVE ADDRESS \_\_\_\_\_

INDIVIDUAL RESPONSIBLE FOR RADIATION SAFETY \_\_\_\_\_ ADDRESS \_\_\_\_\_

Has your equipment been inspected by someone on the list of private inspectors of X-ray equipment during the last year?  YES  NO      LAST DATE CHECKED      /      /

IF SO - BY WHOM \_\_\_\_\_

Register each tube in a separate section.      Register Combination Fluoro-Radiographic units as separate machines. Do not check type of machines such as Mammography, Chest, or Head-Neck unless the machine is a dedicated unit used only for that purpose.

	a MACHINE TYPE		c MANUFACTURER		e CONSOLE SERIAL		g ROOM NO.		j REG. NO. (STATE USE ONLY)
	b DATE INSTALLED	d MODEL NUMBER	f TUBE SERIAL	h MAX mA	i MAX kV				
1 - General Purpose Radiography	a	c	e	g				j	
2 - General Purpose Fluoroscopy	b	d	f	h	i				
3 - Tomography (Other than CT)	a	c	e	g				j	
4 - Angiography	b	d	f	h	i				
5 - Podiatry	a	c	e	g				j	
6 - Urology	b	d	f	h	i				
7 - Mammography	a	c	e	g				j	
8 - Chest	b	d	f	h	i				
9 - Chiropractic	a	c	e	g				j	
10 - CT Head Scanner	b	d	f	h	i				
11 - CT Whole Body Scanner	a	c	e	g				j	
12 - Head-Neck (Medical)	b	d	f	h	i				
13 - Dental - Intraoral	a	c	e	g				j	
14 - Dental - Cephalometric	b	d	f	h	i				
15 - Dental - Panoramic	a	c	e	g				j	
16 - Radiation Therapy Simulator	b	d	f	h	i				
17 - C-arm Fluoroscopic	a	c	e	g				j	
18 - Digital	b	d	f	h	i				
19 - Therapy < 1Mev	a	c	e	g				j	
20 - Therapy ≥ 1Mev	b	d	f	h	i				
21 - Other (Specify)	a	c	e	g				j	
	b	d	f	h	i				

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_