

RH-F-20
1/99

**VIRGINIA DEPARTMENT OF HEALTH
RADIOLOGICAL HEALTH**

P.O. Box 2448
Richmond, VA 23218
(804) 786-5932

**QUARTERLY REPORT OF X-RAY
MACHINE TRANSFERS**

In accordance with § 3.10, Vendor Obligations of the Va. Radiation Protection Regulations, the following persons have bought, sold, traded, or leased X-ray equipment during the time period:

From: _____ To: _____

Type of transfer: **B** – Bought , **S** – Sold , **T** – Traded , **L** – Leased

Mail completed form to: Va. Health Dept. Telephone:
Radiological Health (804) 786-5932
P.O. Box 2448
Richmond, VA 23219

Name	Address	Manufacturer	Model	Transfer	
				Date	Type

Vendor: _____ Reported by: _____
Address: _____ Date: _____
