

OFFICE OF RADIOLOGICAL HEALTH

P. O. Box 2448 - 7th Floor
Richmond, VA 23218
(804) 864-8150

PRACTICE TYPE	<input type="checkbox"/> HOSPITAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> CHIROPRACTIC	FACILITY NO.
	<input type="checkbox"/> DENTAL <input type="checkbox"/> PODIATRIC <input type="checkbox"/> VETERINARY	
	<input type="checkbox"/> OTHER (SPECIFY) _____	
<i>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"</i>		<input type="checkbox"/> NEW FACILITY REGISTRATION <input type="checkbox"/> ADDITIONAL/REPLACEMENT X-RAY MACHINE(S)

12VACS-481-290 requires all owners or operators of X-ray machines to register their machines within 30 days following installation and request an initial inspection by a private inspector or a Department of Health Inspector.

All registrants who sell, donate, substantially modify or receive additional radiation sources are required to notify this agency of same.

Machines located at different addresses are to be registered on separate forms.

Return the completed form to the Office of Radiological Health at the above address or by e-mail to radhealth-comments@vdh.virginia.gov. A copy will be returned for your files as proof of registration.

FACILITY/OWNER

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

E-MAIL

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MAIN DOCTOR PRACTICING AT THE ABOVE ADDRESS

CONTACT PERSON

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.

Machine Type 1 - General Purpose Radiography 2 - General Purpose Fluoroscopy 3 - Tomography (Other than CT) 4 - Angiography 5 - Podiatry 6 - Urology 7 - Mammography 7DT - Mammography (Tomography) 7T - Tissue Specimen 8 - Chest 9 - Chiropractic 10 - CT Head Scanner 11 - CT Whole Body Scanner 12 - Head-Neck (Medical) 13 - Dental Intraoral 13H - Dental Intraoral Handheld 14 - Dental Cephalometric 15 - Dental Panoramic 15CT - Dental CT Scanner 16 - Radiation Therapy Simulator 17 - C-arm Fluoroscopic 19 - Therapy < 1 Mev 19B - Brachytherapy 20 - Therapy ≥ 1 Mev 20P - Therapy Positioning Unit 21 - Other (Specify) 22 - Bone Densitometer	Machine Type	Manufacturer	Control Serial Number	Max kV	REG NO. (STATE USE ONLY)
	Date Installed	Model Number	Room Number	Max mA	
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Date Form Completed _____ By Whom _____