



**OFFICE OF RADIOLOGICAL HEALTH**  
 P. O. Box 2448 - 7th Floor  
 Richmond, VA 23218  
 (804) 864-8150

**Non-Medical X-Ray  
 Systems Registration**

<p>12VACS-481-290 requires all owners or operators of X-ray machines to register their machines within 30 days of installation and request an initial inspection by an approved private inspector or by a Department of Health Inspector</p> <p>All registrants who sell, donate, substantially modify or receive additional radiation sources are required to notify this agency of such.</p>	<p>This form is to register all sources of ionizing radiation not licensed by the N.R.C. or by the Commonwealth of Virginia.</p> <p>Only those sources used or stored at one address may be registered on one form.</p> <p>Return both 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.</p>	<p>FACILITY NO.</p>
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FACILITY / OWNER				<input type="checkbox"/> NEW REGISTRATION  <input type="checkbox"/> ADDITIONAL/REPLACEMENT MACHINE(S)
STREET ADDRESS	CITY	STATE	ZIP	
TELEPHONE NO.	FAX NO			

<b>Mailing Address (if Different From Above)</b>	STREET ADDRESS		
	CITY	STATE	ZIP

<b>PERSON RESPONSIBLE FOR RADIATION SAFETY</b>	NAME		
	TELEPHONE	EMAIL	

**Register Each Machine in a Separate Section**

There is space for up to seven machines on this page. If additional space is needed please copy this form.

<u>CATEGORY</u>	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	<u>PURPOSE</u>
	Category	Model Number	Purpose	KVP/mA		
1. Analytical X-ray	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	1. Analysis
	Category	Model Number	Purpose	KVP/mA		
2. Baggage	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	2. Baggage Inspection
	Category	Model Number	Purpose	KVP/mA		
3. Body Scanner	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	3. Inspection
	Category	Model Number	Purpose	KVP/mA		
4. Cabinet Unit	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	4. Manufacturing
	Category	Model Number	Purpose	KVP/mA		
5. Industrial X-ray	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	5. Quality Control
	Category	Model Number	Purpose	KVP/mA		
6. Accelerator	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	6. Research
	Category	Model Number	Purpose	KVP/mA		
	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	7. Security
	Category	Model Number	Purpose	KVP/mA		
	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	
	Category	Model Number	Purpose	KVP/mA		
	Date Installed	Manufacturer	Control Serial No.	Room #	REG NO. (STATE USE ONLY)	
	Category	Model Number	Purpose	KVP/mA		

AUTHORIZED REPRESENTATIVE SIGNATURE	TITLE	DATE
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