

Radiology Compliance Branch
RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

Equipment Form Instructions
Healing Arts- Mammography - Therapy - Non- Healing Art

X-ray Facility Form for Adding Equipment

Section 1 Business Information:

- If a currently registered facility, enter your state X-ray registration number in top left section.
- Enter the name and address of the facility where the X-ray equipment is located.
- Select the reason for submitting this equipment form.
- Follow the directions to the right of your selection to ensure required forms are submitted.

Section 2 Equipment Information:

Enter all equipment using all needed X-ray Equipment Registration Forms or Delete Units Forms needed.

- For each piece of X-ray equipment list the following items;
 - Unit location /room number the X-ray equipment is located.
 - X-ray equipment manufacturer name **and** model name. **(located on unit or on in the equipment or installation report provided by the service provider that installed your equipment)**
 - X-ray unit control serial number. **(located on X-ray unit control or on the installation report**
 - The number of X-ray tubes on this piece of X-ray equipment.
 - Install date of the unit **(on the installation report provided by your service provider)**. If a **handheld unit was shipped requiring no installation, the date it was received at your facility** is the install date.
 - “Column A Unit Modality”: Select from the list at bottom of page, labeled (A) “Unit Modality” for kind of X-ray unit you have and enter the associated number.
 - “Column B Unit Application” describes how the X-ray unit is used in your facility. **(Not all Unit Modalities in Column A have an option for column B for “Unit Application”, in which case leave blank.)** If you have a code for “Column B Unit Application”, identify code from list labeled (B) “Unit Application” appropriate to how you use your X-ray unit. Enter that code on the unit line under Column B for that piece of X-ray equipment. Dental extra oral units may have one or more codes to enter under Column B.
 - Unit Type and/or Use: Review the check boxes and check for each box that applies to each piece of equipment.

Section 3 “NOT IN USE” EQUIPMENT: This is for X-ray units that are stored in a different location from the business address.

- List the name of the business X-ray units are stored, the address and give the contact phone number and e-mail address for whom we should contact regarding not in use equipment.
- Note: this equipment will remain on this registration as “not in use” and will be included on your annual invoice. Equipment cannot be removed until it has been disposed, donated or re-activated at another location. Please submit supporting documents of disposition to remove this equipment from a registration, if sold a bill of sale, if taken by service a service report of disposal, if relocated identify the location this equipment was sent to with the registration number of that location.

Section 4 Installer Information: Before installation, service or sale (includes online, internet and catalog purchases) make sure you select a company who is registered to perform those services in North Carolina. This link <http://www.ncradiation.net/Xray/service.htm> lists active service providers and qualified experts in N.C.

- List the name of the company, address, phone number and email for the company who installed the X-ray equipment you are registering or relocating.

State of North Carolina | Division of Health Service Regulation | Radiation Protection Section | Radiology Compliance Branch
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Section 5 Legal Owner or Radiation Protection Representative Signee:

- Date, name and signature are required for this page. Electronic Signatures are acceptable.
- Applications cannot be processed until all information is complete. Do not skip sections of this Form. Unsigned and undated applications cannot be processed.

When is an Equipment Registration Form(s) Required?

- **If adding X-ray equipment to an existing registration, complete Equipment Form(s)**
- **If deleting X-ray equipment from an existing registration, complete Delete Equipment Form(s).**
- **Updates are required *whenever changes occur to the information that would render this application or your Notice of Registration no longer accurate.***
- **X-ray equipment/facility registration is required within 30 days following initial operation of the facility and each X-Ray unit. X-Ray units installed in separate buildings, in vehicles, under a different roof, or under different administrative control require separate registration.**
- Submit as many X-ray Equipment Registration Forms as needed to include all of the equipment located at this one physical address.
- If submitting an application for a new facility or relocation of an existing registered facility you must **complete equipment registration forms and your business application. Sign and date the forms** for changes to be processed.

Submission of Application:

Preferred method is e-mail to: XrayNORS@dhhs.nc.gov In subject line include name of the facility, if registered include your registration number. Submit one transmission only, e-mail is preferred.

Or mail to: **NC Radiation Protection, 5505 Creedmoor Road, 1645 MSC, Raleigh, NC 27699-1600.** We do not accept fax transmissions.