



X-RAY EQUIPMENT LOCATION FORM

OUT OF STATE: MOBILE, PORTABLE EQUIPMENT / IN & OUT OF STATE: LEASED EQUIPMENT
IN & OUT OF STATE: DEMONSTRATION / TRAINING EQUIPMENT
 SALES DEMOS UNDER 30 DAYS ARE NOT REQUIRED TO REPORT, BUT THE COMPANY MUST BE REGISTERED AS CLASS I

INTERNAL USE ONLY

REGION

RECEIVED

COMPLETED

INSTRUCTIONS: **PLEASE TYPE OR PRINT**

This form **MUST** be completed for equipment coming into North Carolina (.0211), each time the equipment is leased, and when used for equipment demonstration .0108.

Submit the form **5 DAYS PRIOR** to the initiation of work at the location listed below. **Completed form** may be emailed to

XrayService@dhhs.nc.gov or mailed to **Radiation Protection Section / Radiology Compliance Branch, 5505 Creedmoor Road, 1645 Mail Service Center, Raleigh, N.C., 27699-1600**

Date of Notification	Time	Work Date & Time(s)	Beginning Date	Ending Date	Shift Start Time	Shift End Time
Reason for late notification if LESS THAN 5 days PRIOR TO WORK:					Is this a REVISION to a previous notification? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REGISTRANT INFORMATION (END USER)				SERVICE COMPANY INFORMATION (LENDER)		
Registrant	Notice of Registration #		Company Name	Notice of Registration #		
Registrant Contact who may be contacted regarding this notification				Company Contact who may be contacted regarding this notification		
Name	Title	Name		Title		
Phone #	e-mail	Phone #		e-mail		
Work location	Physical address	Check below who will be responsible for each listed requirement.		Documentation must be available for review during inspections for the following:		
	City			Requirements		
Description of Work Performed				Healing Arts Registrants <i>(e.g. radiography, fluoroscopy, CT)</i>	Non-Healing Arts Registrants <i>(e.g. Hand-Held, Mobile, Field Analyzers)</i>	
EQUIPMENT USE: SELECT ALL THAT APPLY BELOW						
<input type="checkbox"/> Out of State Equipment	<input type="checkbox"/> Mobile <input type="checkbox"/> Stationary <input type="checkbox"/> Hand-held		<input type="checkbox"/> End User <input type="checkbox"/> Lender <input type="checkbox"/> N/A	Provides Operators of equipment	Provides Operators	
<input type="checkbox"/> Leased Equipment	<input type="checkbox"/> Out of State <input type="checkbox"/> In State	<input type="checkbox"/> Mobile <input type="checkbox"/> Stationary <input type="checkbox"/> Hand-held	<input type="checkbox"/> End User <input type="checkbox"/> Lender <input type="checkbox"/> N/A	Plan Review (Shield Design)	Survey Reports	
<input type="checkbox"/> Demo / Training	<input type="checkbox"/> Out of State <input type="checkbox"/> In State	<input type="checkbox"/> Mobile <input type="checkbox"/> Stationary <input type="checkbox"/> Hand-held	<input type="checkbox"/> End User <input type="checkbox"/> Lender <input type="checkbox"/> N/A	Area Survey	Radiation Safety Training	
SELECT EQUIPMENT TYPE				<input type="checkbox"/> End User <input type="checkbox"/> Lender <input type="checkbox"/> N/A	Radiation Protection Program	Annual testing of safety devices on unit
<input type="checkbox"/> Mammography	<input type="checkbox"/> CT	<input type="checkbox"/> Education	<input type="checkbox"/> Veterinary	<input type="checkbox"/> End User <input type="checkbox"/> Lender <input type="checkbox"/> N/A	Dosimetry	Dosimetry
<input type="checkbox"/> Stereotactic	<input type="checkbox"/> Medical **	<input type="checkbox"/> Research	<input type="checkbox"/> Service and/or Repair	In addition to the above requirements, for applicable regulations to registrants and service providers refer to 10A NCAC 15 North Carolina Regulations for Protection Against Radiation .		
<input type="checkbox"/> Analytical (explain)						
<input type="checkbox"/> Industrial (explain)						
<input type="checkbox"/> Other Use (explain)						
** "Medical" means the intentional exposure to individuals for medical purposes				Applications for registration: https://radiation.ncdhhs.gov/Xray/applic.htm		
EQUIPMENT				***PERSONNEL / AUTHORIZED USERS		
Make	Model	Control Serial No.		Name	Phone	e-mail
If ANY information in this form changes, notify the agency						
Telephone: 919-814-2250		e-mail: XrayService@dhhs.nc.gov				

*****List additional personnel as an attachment to the report if needed.**

State of North Carolina | Division of Health Service Regulation | Radiation Protection Section | Radiology Compliance Branch

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