



X-RAY REGISTRATION

Radiological Health Program (907) 334-2107

<p>Mailing Address:</p> <p>FACILITY NAME CONTACT PERSON ADDRESS CITY, STATE, ZIP</p> <div style="border: 1px dashed black; height: 60px; margin-top: 5px;"></div> <p>EMAIL ADDRESS</p> <p>Site Address:</p> <p>FACILITY NAME CONTACT PERSON ADDRESS CITY, STATE, ZIP</p> <div style="border: 1px dashed black; height: 60px; margin-top: 5px;"></div>	<p>Mail to:</p> <p style="text-align: center;">STATE PUBLIC HEALTH LABORATORIES RADIOLOGICAL HEALTH PROGRAM 5455 Dr. Martin Luther King Jr. Ave Anchorage, Alaska 99507-1270</p> <p>Check Appropriate Box/es</p> <p><input type="radio"/> RENEWAL <input type="radio"/> EXEMPT</p> <p><input type="radio"/> New Facility</p> <p><input type="radio"/> Mailing Address Change</p> <p><input type="radio"/> Site Address Change</p> <p><input type="radio"/> Tube Count Corrections</p> <p>Telephone <input style="width: 100px;" type="text"/></p>
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USER INFORMATION	
Individual Responsible for Radiation Protection: _____	
Classification of Individual in Charge of Source: _____	
<input type="radio"/> Radiologist	<input type="radio"/> Chiropractor
<input type="radio"/> General Practitioner	<input type="radio"/> Podiatrist
<input type="radio"/> Veterinarian	<input type="radio"/> Educator
<input type="radio"/> Registered X-ray Tech.	<input type="radio"/> Non-Registered X-ray Tech.
<input type="radio"/> Industrial Radiography	<input type="radio"/> Other (Specify)

Source Type (<i>Specify number of tubes per type</i>)			
<p>Health Arts</p> <p>_____ Fluoroscopic</p> <p>_____ Stationary Radiographic</p> <p>_____ Portable/Mobile Radiography</p> <p>_____ C Arm</p> <p>_____ Radiation Therapy</p> <p>_____ Accelerator</p> <p>_____ Special Procedures</p>	<p>Other</p> <p>_____ Industrial Radiography</p> <p>_____ Diffraction apparatus</p> <p>_____ Electron Microscope</p> <p>_____ Cabinet</p> <p>_____ Other (Specify)</p> <p>_____</p> <p>_____</p>		
<table border="1" style="border-collapse: collapse; width: 150px; height: 80px;"> <tr> <td style="text-align: center; font-size: small;">TOTAL NUMBER OF X-RAY TUBES</td> </tr> <tr> <td style="height: 60px;"></td> </tr> </table>		TOTAL NUMBER OF X-RAY TUBES	
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CERTIFICATION	
This is to certify that, to the best of my knowledge and belief, all information contained herein, including any supplements attached hereto, is true and correct.	
Print Authorized Name _____	Date _____
Authorized Signature _____	
Title _____	
<i>Please make check(s) payable to the State of Alaska</i>	

OFFICIAL USE ONLY:	<input type="radio"/> Check Received	<input type="radio"/> Certificate Sent - Date <input style="width: 80px;" type="text"/>
	<input type="radio"/> Action Complete	RADREGFM 18.110B

• • NOTICE • •

All owners of devices that produce ionizing radiation are required to register such devices each year in accordance with 7 AAC 18.110. This regulation applies, whether or not the device is being used. If you have a device that has not been used for more than 30 days, and it is physically impossible to operate it, you may be exempt from registration, provided that all of the following are true:

1. There is no way it could be operated in its current condition. It is impossible to operate the device to produce radiation without major repair or service.
2. You send a written statement to the Radiological Health office on your business letterhead stating that it is impossible for the device to be operated, indicating the date on which it became inoperative, and signed by the owner or an agent of the owner. Clearly identify which machine you are referring to.
3. A state inspector places a red tag (lock out) on the unit which indicates this unit may not be legally operated until repaired, and the tag may not be removed except by a state radiation inspector. Operation of a device that has been tagged is a violation of state law.

In order to re-activate use of the device the Department must be notified in writing that appropriate repairs have been completed, at which time a state radiation safety inspector will inspect the unit and remove the tag when indicated by inspection results. At that time the appropriate registration form shall be completed by the owner and submitted with corresponding fee(s) to the Department.

In the event the unit is sold, transferred, donated, traded, or otherwise disposed of th owner must notify the Department in writing within 30 days of the discontinuance of use, transfer, or permanent disposal, in accordance with 7 AAC 18.115(g).

Ordinarily, ionizing radiation *devices subject to the \$80.00 annual per-tube registration fee* include medical diagnostic x-ray tubes, fluoroscopic tubes, mobile medical units, "C" arms, podiatric x-ray units, chiropractic x-ray units, veterinary x-ray units, CT units, closed cabinet cabinet/baggage units, electron microscopes, bone densitometers, industrial x-ray devices, whole body scanners, radiation therapy simulators, mobile van CT or radiographic units. *If you own a device different from the above, such as a particle simulator, cyclotron, or high voltage therapy beam the fee is different. If you are uncertain about the correct fee contact this office BEFORE registering the device.* Always attach the registration form or a copy of it with any fees that are submitted.

DO NOT USE THIS FORM to register dental x-ray units or panoramic units that are exclusively installed in a dental office. Also, **DO NOT USE** this form to register radioactive materials. Owners of dental equipment should contact the Board of Dentistry at (907) 465-2542. For registration of radioactive materials contact the U.S.N.R.C. at (817) 860-8197.