STATE OF NEW YORK – DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
RADIOLOGICAL HEALTH UNIT
Building # 12, Room 169
State Office Campus
Albany, New York 12240

FOR OFFICAL USE ONLY
Registration No.
Date Registered

REGISTRATION OF X – RAY MACHINES AND PARTICLE ACCELERATORS FOR NON- HUMAN USE

1. Name of Firm

2. Address of Firm **Zip Code** **County** **Telephone No.**

3. Address of installation where device will be used (If Different) **Zip Code** **County** **Telephone No.**

4. Are the sources now being reported part of an installation previously registered with the State of New York

☐ **No** ☐ **Yes**

If yes, What is the registration number issued to your firm? _____

5. Radiation Equipment (Use Additional Sheets if Necessary)

A. Number		Manufacture, Model, and Serial Number of Each Device	kVp	Max mA	Accelerator Voltage	Purpose or Use
Fixed	Mobile					

6. Person Responsible for Radiation Safety at this Installation and at Mobile Sites

Name and Title **Telephone No.**

7. I hereby certify that the information contained on this form is true and correct to the. best of my knowledge and belief and that any changes to this information will be reported within Thirty (30) days

Name (Print or Type) Title

Signature **Date**

FOR OFFICE USE ONLY

Validation Stamp

Instructions For Completion Of The Registration For X – Ray Machines And Particle Accelerators For Non-Human Use.

1. **Name of Firm:**

   Name under which the firm is doing business.

2. **Address of Firm:**

   Number, Street, Village, Town, or City, Zip Code and County where firm is located. Include Area Code with Telephone Number.

3. **Address Of Installation Where Device Will Be Used.**

   If Different from Item Two (2). "Radiation Installation" Means any place , facility, mobile unit where a radiation source is located or used.

4. **Are the sources now being reported part of an installation previously registered with the State of New York?**

   If Yes, enter the registration number previously issued to the firm.

5. **Radiation Equipment**

   If necessary, please use additional sheets to list all radiation equipment

   a. *Radiation Source*: Means any radioactive material or any radiation equipment.

   b. *Radiation Equipment:* Means any equipment or device which can emit radiation by virtue of the application thereto of high voltage. For each piece of equipment being registered, indicate the "Number of fixed and/or mobile units. Enter the manufacture, model, and serial number for each device.

   c. *X-Ray Machine:*

      i. Give the maximum Kilovolt Peak voltage (kVp).

      ii. Give the maximum Tube Current in milliampere (mA).

   d. *Particle Accelerator:*

      i. Give the accelerator Voltage (v)

   e. *List the purpose or use for each device.*

6. **Give the name, title, and telephone number of the person responsible for radiation safety at this installation and at mobile sites – "Radiation Safety Officer, RSO" .**

   "Radiation Safety Officer" – RSO: Shall mean an individual who, under the authorization of the operator of a radiation installation, administers a radiation protection program in accordance with section 38.17 (12 NYCRR Part 38) of this rule, and who is qualified by training and experience in radiological health to evaluate the radiation hazards of such installations and administer such radiation protection programs.

7. **Certification:**

   i. Give the Name, title, and signature of the person completing the form.

   ii. Give the Date the form was completed.