Jefferson County Department of Health Environmental Health Services Division of Air and Radiation Protection REGISTRATION OF SOURCES OF IONIZING RADIATION

Part B of the Jefferson County Department of Health Regulations to Govern The Production and Use of Radiation, provides for the registration of all x-ray equipment. Registration of such x-ray equipment shall be limited to within thirty (30) days of the acquisition of said equipment as required by Sec. B, 4: Registration Procedures.

Facility/User Information

Person Responsible for Radiation Safety

Please submit completed form(s) to: <u>TUCC-radsafe@mail.ad.uab.edu</u>

Owner Information

Registration # _____

Date:

Name: City: State: Zip: Phone: Blazer ID: (IF APPLICABLE) Email:					Name:		Zip: TID: GEAPPLICA Facility Typ	IBLE)		
RAY EQUIPM	Model Number	Serial Number		UAB Number	Tube Type	Use	Max mA	Max kVp	Building	Room Numbe
	Facility Type			Tube	Type				Use	
01 Physi	AR Above Table Radiographic					HD Human Use-Diagnostic				
02 Clini	UF Under Table Fluoroscopic					HT Human Use-Therapeutic				
03 Hosp	MR Mobile Radiographic					VM Veterinary Medicine				
04 Denta	DR Dental radiographic					RE Research				
05 Chirc	AF Above Table Fluoroscopic					IR Industrial Radiography				
06 Podia	MA Mammographic					Other (S)	pecify)			
07 Educ	VC Vertically Mounted Cassettes									
08 Indus	strial		CF C-Arm Fluoroscopic							
09 Veter	ST Superficial Therapy									
10 Other	XD X-Ray Diffraction									
			XX O	ther (Specify)						

REGISTRATION DOES NOT IMPLY APPROVAL OF THE INSTALLATION BY THE JCBH

Room Num.	Manufacturer	Model Numb	Serial Numb	Machine Type	Num of Tubes	Max kVp	Max mA	Fixed, Mobile, Portable	Use

- I. The legal name and address of the facility. Please include any titles (MD., etc.)
- II. The physical location of the facility if different from I. Note: P O Boxes are not acceptable, but route boxes are.
- III. The management representative responsible *for* the operation of the *x-ray* equipment.
- IV. Column 1. Room location of the unit registered, if applicable
 - Column 2. The control panel manufacturer
 - Column 3. The control panel model number
 - Column 4. The control panel serial number
 - Column 5. See code on front
 - Column 6. Number of tubes operated by the control panel
 - Column 7 The mA and kV delivered by the control panel
 - Column 8. The mA and kV delivered by the control panel
 - Column 9. Fixed, portable, or a mobile unit
 - Column 10. See code on front