RHS 8-4

(For Office Use Only)

Registration No. _____

Date Registered _____

STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH
WILLIAM R. SNODGRASS TENNESSEE TOWER
312 ROSA L. PARKS AVENUE, 15TH FLOOR
NASHVILLE, TN 37243

REGISTRATION OF X-RAY PRODUCING EQUIPMENT

Review attached instructions page ~~CAREFULLY~~ and complete application according to these instructions in order to ensure efficient processing of the application. See specific instructions for Registration Information Updates.

I. Possessor _____ Phone Number _____

Physical Address _____
Number and Street City County State Zip Code

Billing Address Same as Above ☐

_____
Number and Street City County State Zip Code

Phone _____ Fax _____ Email _____

II. Owner _____
Name of Person, Corporation, Agency, etc.

Same as Above ☐

Address _____
Number and Street City County State Zip Code

Phone _____ Email _____

III. Radiation Safety Officer or Person in charge of x-ray equipment _____

Phone _____ Email _____

IV. Facility Type --Chose from list or write in if not listed-- _____

V. X-Ray Producing Equipment (see instruction page)

Control Panel Manufacturer & Serial Number _____

Machine Type Choose from list or write in if not listed _____ Class _____

Date of Machine Possession _____

Mobility (choose one): Fixed ◯ (Room Number _____) | Mobile ◯ | Portable ◯ | Hand-held ◯

Tube Housing Assembly Information

A. Tube Housing Assembly Manufacturer & Serial #	B. Date of Inserted Tube Possession	C. Room Number	D. Max kVp	Control # (for office use only)

I hereby certify that to the best of my knowledge and belief the above information is true and correct.

_____ _____
Date Signed Signature

INSTRUCTIONS FOR PREPARATION OF FORM RHS 8-4

This form is to be completed for each X-ray machine to be registered. If multiple X-ray machines are being registered use a new form for each. All active tube housing assemblies on one machine are to be entered into the Tube Housing Assembly Information table; if more tube housing entry rows are needed include as attachment. If form is being submitted due to changes in registration information indicate by including Registration Number in top-right hand box; in this case, only updated information needs to be submitted. Once complete, send form to the email address xray.registration@tn.gov or to the address in the header of the form.

I. Possessor refers to the person or entity having actual possession of the x-ray producing equipment.

II. Owner refers to the person or entity having title to the x-ray producing equipment.

III. Radiation Safety Officer refers to the person responsible for the proper use and maintenance of the x-ray equipment, and to whom correspondence should be addressed.

IV. For equipment used by practitioners of healing arts, choose the associated specialty of the practitioner.

V. X-ray Producing Equipment:

Control Panel:

List the manufacturer of the x-ray equipment and the Serial Number of the control panel. Choose the appropriate machine type, enter date of possession, and select machine class (use Class list below). Choose a machine mobility type; include room number if fixed.

Classify each machine as one of the following:

1. Dental diagnostic (includes dental cephalometric units)
2. Medical diagnostic, Veterinary diagnostic (all other medical diagnostic units, not included in Class 3)
3. Medical diagnostic (hospital, radiologist, or orthopedic surgeon, mobile van/medical screening)
4. Medical therapeutic, Veterinary therapeutic
5. - Industrial (closed-beam analytical, gauges, shielded room radiography, cabinet radiography)
   - Educational, demonstrational, research (with built-in physical restrictions limiting any personnel exposure)
6. - Industrial radiography (that radiography equipment not included in classification 5), open-beam analytical
   - Educational, demonstrational, research (not in 5b)
   - Other (specify)

Tube Housing Assembly Information:

A. Tube Housing Assembly Manufacturer & Serial Number: List each tube housing separately. If tube info is not available for this machine write in "No tube information available."

B. Date of Inserted Tube Possession. Will be **same as** date of machine for new Registrations.

C. If Machine Mobility is chosen as **Fixed** indicate the room number the tube housing is located**.**

D. Maximum Voltage:
Indicate the peak kilovoltage at which the x-ray tube can be operated.

Control Number: Column for office use only. This field will indicate the Control number(s) for this Registration.

Sign and date the form at the bottom certifying that the information submitted is true and correct. If more than one page is required sign and date the last page and initial all others.