



# Oregon X-ray Machine Registration Application

Public Health Division | Radiation Protection Services

800 NE Oregon Street, Suite 640; Portland, OR 97232

Phone: (971) 673-0490 | Fax: (971) 673-0553 | Web: [www.healthoregon.org/rps](http://www.healthoregon.org/rps)

Fill out form completely and accurately. When this form has been submitted the machine may be operated by appropriate staff. Once the form is processed you will be sent an invoice for payment. Upon receipt of payment, RPS will send you a validation certificate to post. **NOTE: All Linear Accelerator X-ray machines** used in a medical setting must have shielding calculations approved by this office before the machine is installed and a Radiation Safety Survey done after it is installed before the machine can be registered or used on patients. This form can be e-mailed to [judith.a.smith@oha.oregon.gov](mailto:judith.a.smith@oha.oregon.gov).

List the installers information below. If no installation was required then list the contact information for the vendor you purchased the machine from or previous owner of the machine.

Vendor/Previous Owner: \_\_\_\_\_ Vendor's Valid License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: OAR 333-101-0020(1) requires vendors to have a valid license to sell, install or service your X-ray machine**

## Registrant Information:

Owner Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # @ physical location: \_\_\_\_\_ Fax # @ physical location: \_\_\_\_\_

Owner's email address: \_\_\_\_\_

Do you currently have any X-ray control panels registered with our office? \_\_\_\_\_

If yes, what is your current Facility ID number? \_\_\_\_\_  
Would you like to receive your invoice(s) and validation certificate(s) via e-mail?  Yes  No

## Machine Information:

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Control Panel Serial #: \_\_\_\_\_ Max kVp: \_\_\_\_\_ mA: \_\_\_\_\_ # of Tubes: \_\_\_\_\_

Health Division RAD # (silver State ID sticker on control panel if purchased used or inspected): \_\_\_\_\_

Date you acquired this machine or brought it into Oregon: \_\_\_\_\_

Select your facility type: \_\_\_\_\_ Select Machine Style: \_\_\_\_\_

Machine Room Location: \_\_\_\_\_

Select as many Device Types as apply to your machine:

Device Type: \_\_\_\_\_ Device Type: \_\_\_\_\_ Device Type: \_\_\_\_\_

Registrant/Owner Signature & Date: \_\_\_\_\_

If the new machine is replacing an existing control panel please provide information about the replaced unit:

Control Panel Serial #: \_\_\_\_\_ State ID#: \_\_\_\_\_

Contact information for new owner of the **old** machine: \_\_\_\_\_