Appendix A -- X-ray Registration Form

UNIVERSITY OF KENTUCKY

X-ray Registration Form

Instructions: Complete all information and forward two copies to the Radiation Safety Office, 102 Animal Pathology, radsafe@uky.edu.
New machines must be registered and inspected for safety prior to use.

____Existing ____New

1. Identify person(s) who will (a) supervise use of the machine and (b) all personnel who will use the machine (attach sheet if necessary).

Name	Department	Title	Building	Room	Phone

2. Location (Bldg. & Rm. #) of machine_____

3. Type of use (check all that apply):

__ Medical: __ Diagnostic __ Therapeutic

__ Dental: __ Intraoral __ Cephalometric __ Panoramic

__ Veterinary

__ Academic: __ Analytical __ Cabinet

__ Other

_____

4. Machine Type:
__ Stationary

__ Mobile
__ Portable

5. Manufacturer/Model:

_____

Serial #:

_____

6. Maximum Rated kVp _____ mA _____

Note: All X-ray machine operators must wear a personnel monitoring device (badge), which is provided by the Radiation Safety Office. Other requirements may also apply, depending on the type of machine and applications. Please contact the Radiation Safety Office if you need a badge or have any questions.

Responsible Person: _____

Signature: _____

Date: _____

For use by Radiation Safety Office only: Comments

_____

_____

_____