X-Ray Equipment Move Notification Form

Date:_____

Requestor Information:

- **Name/PI**_____
- **Department:**_____
- **Contact Number:**_____
- **Email Address:**_____

Equipment Details:

- **Equipment Name:**_____
- **Equipment ID/Serial Number:**_____
- **Current Location:**_____
- **New Location:**_____

Reason for Move: [Provide a brief explanation for the move]

_____

Move Date and Time:

- **Preferred Move Date:**_____

Comments [Include any special handling instructions or requirements or information]

_____

_____

_____

Approval/Radiation Safety:

- **Manager/Supervisor Name:** _____
- **Manager/Supervisor Signature:** _____
- **Date:** _____