



## Registration and/or Deletion of X-Ray Producing Machines Bureau of Radiological Health

### Registration Action:

- Initial Registration    New Satellite Office    Amended Registration  
 Office relocation   Registration No. \_\_\_\_\_ - \_\_\_\_\_

### Section 1: ADDRESS

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

Contact Person: \_\_\_\_\_ FAX: \_\_\_\_\_

Location Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Radiation Safety Officer: \_\_\_\_\_

Give full names of partners, co-owners, etc. (if applicable) \_\_\_\_\_

### Section 2: TYPE OF FACILITY – CHECK APPROPRIATE BOX

#### Human Use/Veterinary Use

- Academic    Podiatry  
 Chiropractic    Prison  
 Dental    Radiation Therapy  
 Hospital    Veterinarian  
 Medical    Other – Specify:

#### Non-human Use

- Academic  
 Analytical/Industrial  
 Security  
 Other – Specify:

### Section 3: EQUIPMENT REGISTRATION FORMS – CHECK ALL THAT APPLY

Please indicate which equipment forms are included with this registration:

- Medical Use/Veterinary Use – Page 3    Mammography – Page 5    Deleted Units – Page 7  
 Dental – Page 4    Non-human Use – Page 6

\*\*\*\*Note that a facility may require more than one type of equipment form.\*\*\*\*

**After registration of x-ray equipment, you will receive a pro-rated bill for the registration fees for the remainder of the current calendar year. For more information on registration fees, please refer to RHB 2.10.6 for the Schedule of Fees.**

**Section 4: FACILITY REGISTRATION APPROVAL/SHIELDING PLANS**

Has a Facility Registration Approval been issued? \_\_\_\_\_.

If yes, indicate date(s) \_\_\_\_\_.

If applicable, has a shielding plan been approved? \_\_\_\_\_.

If yes, indicate log number. \_\_\_\_\_.

Note that as required by RHB 2.4.1.4 , no x-ray producing equipment can be installed until the Facility Registration Approval has been issued.

**Please complete and submit form DHEC 0845, along with the appropriate application fee, to request a Facility Registration Approval.**

**Section 5: INSTALLER INFORMATION or PREVIOUSLY INSTALLED FOR:** \_\_\_\_\_  
Old Facility Registration Number

Vendor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ FAX: \_\_\_\_\_

Location Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vendor Registration Number: \_\_\_\_\_

**Note that as required by RHB 2.6.1, any company offering to sell or provide x-ray equipment services must be registered with this Department prior to working in South Carolina. This would include any internet company, internet sales and/or catalogue sales.**

**Section 6: SIGNATURES – Form is not complete without the proper signatures.**

**The Radiation Safety Officer or authorized designee must sign and certify all information contained within this form is true, accurate and complete.**

Radiation Safety Officer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return To:

**S.C. Department of Health and Environmental Control  
Bureau of Radiological Health  
X-ray Equipment Registration  
2600 Bull Street  
Columbia, SC 29201  
(803) 545-4400 FAX (803) 545-4412**

Registration Does Not Imply Approval Or Disapproval And Is Not A License.

| A. LIST EACH X-RAY UNIT'S CONTROL INFORMATION |                      |                      |                       |                |                 |                         | Check all that apply for each x-ray unit |              |              |                          |                    |                    |                   |            |                |              |         |           |              |                        |  |
|---|----------------------|----------------------|-----------------------|----------------|-----------------|-------------------------|--|--------------|--------------|--------------------------|--------------------|--------------------|-------------------|------------|----------------|--------------|---------|-----------|--------------|------------------------|--|
| Room Number Or Location                       | Control Manufacturer | Control Model Number | Control Serial Number | Date Installed | Number of Tubes | F (Fixed) or M (Mobile) | Digital                                  | Radiographic | Fluoroscopic | Combination (Rad/Fluoro) | C-arm Fluoroscopic | O-arm Fluoroscopic | Bone Densitometer | CT Scanner | PET/CT scanner | Lithotripter | Therapy | Simulator | CT Simulator | Other (Specify below.) |  |
|   |                      |                      |                       |                |                 |                         |  |              |              |                          |                    |                    |                   |            |                |              |         |           |              |                        |  |
|   |                      |                      |                       |                |                 |                         |  |              |              |                          |                    |                    |                   |            |                |              |         |           |              |                        |  |
|   |                      |                      |                       |                |                 |                         |  |              |              |                          |                    |                    |                   |            |                |              |         |           |              |                        |  |
|   |                      |                      |                       |                |                 |                         |  |              |              |                          |                    |                    |                   |            |                |              |         |           |              |                        |  |
|   |                      |                      |                       |                |                 |                         |  |              |              |                          |                    |                    |                   |            |                |              |         |           |              |                        |  |

Other (Specify):

| B. LIST EACH X-RAY UNIT'S TUBE INFORMATION |                   |                   |                    |                     |
|--|-------------------|-------------------|--------------------|---------------------|
| Room Number Or Location                    | Tube Manufacturer | Tube Model Number | Tube Serial Number | Date Tube Installed |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |

| C. VENDOR X-RAY EQUIPMENT PURCHASED FROM |         |                  |       |                       |
|--|---------|------------------|-------|-----------------------|
| Vendor Name                              | Address | City, State, Zip | Phone | Vendor Registration # |
|  |         |                  |       |                       |
|  |         |                  |       |                       |

| A. LIST EACH X-RAY UNIT'S CONTROL INFORMATION |                      |                      |                       |                |                 |                         | Check all that apply for each x-ray unit |                    |           |               |                       |                        |
|---|----------------------|----------------------|-----------------------|----------------|-----------------|-------------------------|--|--------------------|-----------|---------------|-----------------------|------------------------|
| Room Number Or Location                       | Control Manufacturer | Control Model Number | Control Serial Number | Date Installed | Number of Tubes | F (Fixed) or M (Mobile) | Digital                                  | Intraoral (Dental) | Panoramic | Cephalometric | Dental CT (Cone Beam) | Other (Specify below.) |
|   |                      |                      |                       |                |                 |                         |  |                    |           |               |                       |                        |
|   |                      |                      |                       |                |                 |                         |  |                    |           |               |                       |                        |
|   |                      |                      |                       |                |                 |                         |  |                    |           |               |                       |                        |
|   |                      |                      |                       |                |                 |                         |  |                    |           |               |                       |                        |
|   |                      |                      |                       |                |                 |                         |  |                    |           |               |                       |                        |

**Other (Specify):**

| B. LIST EACH X-RAY UNIT'S TUBE INFORMATION |                   |                   |                    |                     |
|--|-------------------|-------------------|--------------------|---------------------|
| Room Number Or Location                    | Tube Manufacturer | Tube Model Number | Tube Serial Number | Date Tube Installed |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |

| C. VENDOR X-RAY EQUIPMENT PURCHASED FROM |         |                  |       |                       |
|--|---------|------------------|-------|-----------------------|
| Vendor Name                              | Address | City, State, Zip | Phone | Vendor Registration # |
|  |         |                  |       |                       |
|  |         |                  |       |                       |

| <b>A. LIST EACH X-RAY UNIT'S CONTROL INFORMATION</b> |                      |                      |                       |                |                 | <b>Check all that apply for each x-ray unit</b> |        |             |                           |                   |              |                          |                       |
|--|----------------------|----------------------|-----------------------|----------------|-----------------|---|--------|-------------|---------------------------|-------------------|--------------|--------------------------|-----------------------|
| Room Number Or Location                              | Control Manufacturer | Control Model Number | Control Serial Number | Date Installed | Number of Tubes | Fixed   | Mobile | Film Screen | Full Field Digital (FFDM) | Computed Rad (CR) | Stereotactic | Tomosynthesis attachment | Other (Specify below) |
|  |                      |                      |                       |                |                 |   |        |             |                           |                   |              |                          |                       |
|  |                      |                      |                       |                |                 |   |        |             |                           |                   |              |                          |                       |
|  |                      |                      |                       |                |                 |   |        |             |                           |                   |              |                          |                       |
|  |                      |                      |                       |                |                 |   |        |             |                           |                   |              |                          |                       |
|  |                      |                      |                       |                |                 |   |        |             |                           |                   |              |                          |                       |

**Other (Specify):**

| <b>B. LIST EACH X-RAY UNIT'S TUBE INFORMATION</b> |                   |                   |                    |                     |
|---|-------------------|-------------------|--------------------|---------------------|
| Room Number Or Location                           | Tube Manufacturer | Tube Model Number | Tube Serial Number | Date Tube Installed |
|   |                   |                   |                    |                     |
|   |                   |                   |                    |                     |
|   |                   |                   |                    |                     |
|   |                   |                   |                    |                     |

| <b>C. VENDOR X-RAY EQUIPMENT PURCHASED FROM</b> |         |                  |       |                       |
|---|---------|------------------|-------|-----------------------|
| Vendor Name                                     | Address | City, State, Zip | Phone | Vendor Registration # |
|   |         |                  |       |                       |
|   |         |                  |       |                       |

| A. LIST EACH X-RAY UNIT'S CONTROL INFORMATION |                      |                      |                       |                |                 |                         | Check all that apply for each x-ray unit |                    |                              |             |             |                     |              |                 |               |                              |                        |
|---|----------------------|----------------------|-----------------------|----------------|-----------------|-------------------------|--|--------------------|------------------------------|-------------|-------------|---------------------|--------------|-----------------|---------------|------------------------------|------------------------|
| Room Number Or Location                       | Control Manufacturer | Control Model Number | Control Serial Number | Date Installed | Number of Tubes | F (Fixed) or M (Mobile) | Diffraction                              | X-ray Fluorescence | X-ray Fluorescence Hand-Held | Accelerator | X-ray Gauge | Electron Microscope | Spectrograph | Baggage Checker | Cabinet X-ray | Radiographic (Shielded Room) | Other (Specify below.) |
|   |                      |                      |                       |                |                 |                         |  |                    |                              |             |             |                     |              |                 |               |                              |                        |
|   |                      |                      |                       |                |                 |                         |  |                    |                              |             |             |                     |              |                 |               |                              |                        |
|   |                      |                      |                       |                |                 |                         |  |                    |                              |             |             |                     |              |                 |               |                              |                        |
|   |                      |                      |                       |                |                 |                         |  |                    |                              |             |             |                     |              |                 |               |                              |                        |
|   |                      |                      |                       |                |                 |                         |  |                    |                              |             |             |                     |              |                 |               |                              |                        |

Other (Specify):

| B. LIST EACH X-RAY UNIT'S TUBE INFORMATION |                   |                   |                    |                     |
|--|-------------------|-------------------|--------------------|---------------------|
| Room Number Or Location                    | Tube Manufacturer | Tube Model Number | Tube Serial Number | Date Tube Installed |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |
|  |                   |                   |                    |                     |

| C. VENDOR X-RAY EQUIPMENT PURCHASED FROM |         |                  |       |                       |
|--|---------|------------------|-------|-----------------------|
| Vendor Name                              | Address | City, State, Zip | Phone | Vendor Registration # |
|  |         |                  |       |                       |
|  |         |                  |       |                       |

Registration # \_\_\_\_\_ - \_\_\_\_\_

### Delete X-ray Units

**A. LIST Deleted Units:**  Taken by Service Company  Salvaged  Sent to Land Fill  Donated  Sold/ moved out of state  Inoperative

| Room Number<br>Or Location | Control Manufacturer | Control Model Number | Control Serial Number | Equipment Type<br>Use one of types listed below |
|----------------------------|----------------------|----------------------|-----------------------|---|
|                            |                      |                      |                       |   |
|                            |                      |                      |                       |   |
|                            |                      |                      |                       |   |
|                            |                      |                      |                       |   |
|                            |                      |                      |                       |   |

**Type of Equipment**

- |                             |                     |                              |                                  |
|-----------------------------|---------------------|------------------------------|----------------------------------|
| Accelerator (Non-human use) | CT Scanner          | Lithotripter                 | Simulator                        |
| Baggage Checker             | CT Simulator        | Mammography                  | Spectrograph                     |
| Bone Densitometer           | Dental (Intraoral)  | O-arm Fluoroscopic           | Stereotactic                     |
| Cabinet x-ray               | Dental CT           | Panoramic                    | Therapy (Accelerator human use)  |
| C-arm fluoroscopic          | Diffraction         | PET/CT Scanner               | X-ray fluorescence (Non-medical) |
| Cephalometric               | Electron Microscope | Radiographic                 | X-ray gauge                      |
| Combination (Rad & Fluoro)  | Fluoroscopic        | Radiographic (Shielded Room) | Other (Specify)                  |

**B. Please list recipient of sold, deleted or donated x-ray units:**

Individual/ Business name: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ FAX Number (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
BUREAU OF RADIOLOGICAL HEALTH  
REGISTRATION OF X-RAY PRODUCING MACHINES**

**PURPOSE:**

This form is for registering x-ray equipment, and also provides a means to delete a machine from registration. Every person who possesses an x-ray producing machine shall register the machine with the Department within 30 days of the date of acquisition.

**ITEM BY ITEM INSTRUCTIONS:**

**Page 1**

Registration Action – Choose the appropriate box which represents the reason this form is being submitted.

Registration number – If you do not already have a registration number, BRH will assign one to you. Please use the number in all correspondence.

**Section 1:**

Facility Name – This refers to the person or company possessing the x-ray producing machine.

Contact person – Self explanatory.

Location Address, City, County, State, Zip Code, Telephone, FAX, E-mail – Self explanatory.

Mailing Address, City, County, State, Zip Code – Give the mailing address if it differs from the location address.

Radiation Safety Officer – Person responsible for radiation safety in the facility.

Full names of partners, co-owners, etc. – Self explanatory.

**Section 2:**

Type of Facility – Indicate the facility type by checking the appropriate box.

**Section 3:**

Equipment Registration Forms – Indicate which forms are included by checking the appropriate box. More than one equipment form may be required.

**Page 2**

**Section 4:**

Give all information pertaining to Facility Registration Approval and Shielding Plan.

**Section 5:**

Previously installed – Give old facility registration number

Vendor Name and Telephone – This refers to the company that will be installing the equipment.

Contact person and FAX – Self explanatory.

Location Address, E-mail, City, County, State, Zip Code – Self explanatory.

Vendor Registration Number – Registration number issued by this Department to the vendor. All vendors must be registered with the Department to do business in the state of South Carolina. This includes any internet and/or catalogue sales.

**Section 6:**

Signature, Title, and Date – The Radiation Safety Officer should sign and date the forms.

After signing, the forms should be returned to the address listed.

**Page 3 – Registration of Medical Use/Veterinary Use X-ray Units**

Registration number – If you do not already have a registration number, BRH will assign one to you. Please use the number in all correspondence.

**Section A**

Room Number or Location – Give the room number or location of the x-ray producing machine. (Example – Room 2).

Control Manufacturer, model number, serial number, date installed, number of tubes – List all information for each control that is added to this facility.

F(Fixed) or M(Mobile) – Indicate if the unit is a fixed installation or a mobile.

Check all that apply for each x-ray unit – Check all that apply.

**Section B** – List all information in Section B for each tube that is added to the facility.

**Section C** – List all information pertaining to the vendor selling the equipment.



#### **Page 4 – Registration of Dental Units**

Registration number – If you do not already have a registration number, BRH will assign one to you. Please use the number in all correspondence.

##### **Section A**

Room Number or Location – Give the room number or location of the x-ray producing machine. (Example – Room 2).

Control Manufacturer, model number, serial number, date installed, number of tubes – List all information for each control that is added to this facility.

F(Fixed) or M(Mobile) – Indicate if the unit is a fixed installation or a mobile.

Check all that apply for each x-ray unit – Check all that apply.

**Section B** – List all information in Section B for each tube that is added to the facility.

**Section C** – List all information pertaining to the vendor selling the equipment.

#### **Page 5 – Registration of Mammography Units**

Registration number – If you do not already have a registration number, BRH will assign one to you. Please use the number in all correspondence.

FDA ID # - This is the number issued by the FDA for a certified mammography facility. This number can be found on the Mammography certificate.

##### **Section A**

Room Number or Location – Give the room number or location of the x-ray producing machine. (Example – Room 2).

Control Manufacturer, model number, serial number, date installed, number of tubes – List all information for each control that is added to this facility.

Check all that apply for each x-ray unit – Check all that apply.

**Section B** – List all information in Section B for each tube that is added to the facility.

**Section C** – List all information pertaining to the vendor selling the equipment.

#### **Page 6 – Registration of Non-Human Use Units**

Registration number – If you do not already have a registration number, BRH will assign one to you. Please use the number in all correspondence.

##### **Section A**

Room Number or Location – Give the room number or location of the x-ray producing machine. (Example – Room 2).

Control Manufacturer, model number, serial number, date installed, number of tubes – List all information for each control that is added to this facility.

F(Fixed) or M(Mobile) – Indicate if the unit is a fixed installation or a mobile.

Check all that apply for each x-ray unit – Check all that apply.

**Section B** – List all information in Section B for each tube that is added to the facility.

**Section C** – List all information pertaining to the vendor selling the equipment.

#### **Page 7 – Delete X-ray Units**

Registration number – If you do not already have a registration number, BRH will assign one to you. Please use the number in all correspondence.

##### **Section A**

List Deleted Units – Indicate the current status of the unit(s).

Room Number or Location – Give the room number or location of the x-ray producing machine. (Example – Room 2).

Control Manufacturer, model number, serial number – List all information for each control that is added to this facility.

Equipment Type – Use one of the types contained in the list on page 7.

**Section B** – List information pertaining to the recipient of sold, deleted or donated x-ray units.

#### **OFFICE MECHANICS AND FILING:**

When the registration forms are received, stamp each with the date received. Each control and tube will be entered in the computer system. The original copy of the registration form is placed into the registrant's file, and a copy is returned to the registrant for their records.