



S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Bureau of Radiological Health

2600 Bull Street, Columbia, SC 29201

Telephone: (803) 545-4400 FAX: (803) 545-4412

Report of Sale or Installation of X-ray Equipment

Date: _____

By _____

Reg. #: 00-_____

Vendor's Name: _____

Address: _____

Telephone No. _____ FAX No. _____

No Equipment sold or installed this month _____

Facility Name, Registration Number, and Address Where Installed	Manufacturer, Model, and Serial Number of Control	Manufacturer, Model, and Serial Number of Tube	Date of Installation	New Or Used	Type of Equipment	FDA Form 2579 Control Number	Shielding Plan Log Number	Facility Registration Approval	
								Yes	No

Signature: _____