



Business Registration
X-Ray Equipment Services

DEPARTMENT USE ONLY

Registration Number Date of Approval Check # Date Received

Section I: ADMINISTRATIVE INFORMATION

Please print or type entire document, excluding signature line

Company Name:

Physical Address:

Mailing Address:

City: State: Zip Code:

Telephone: ( ) FAX: ( )

Email Address:

Owner(s) of Company:

Contact Person: Title:

(Person to be listed on official vendor list)

Contact Address: Contact Telephone #

Section II: DESCRIPTION OF SERVICES TO BE PROVIDED

Your Vendor Class (Please mark all that apply)

Purpose for Request

Class I - Direct sale and transfer of radiation machines and machine components to end user. Specify equipment type(s):

Class II-A - Installation of radiation machines and associated machine components. Specify equipment type(s):

Class II-B - Servicing of radiation machines and associated machine components. Specify equipment type(s):

Class II-C - Perform "Equipment Performance Tests" as outlined in RHB 4.2.16. Refer to Appendix F Specify equipment type(s):

Class III - Diagnostic radiographic facility and shielding design.

Class IV - Diagnostic fluoroscopic facility and shielding design.

Class V - Diagnostic area radiation survey, e.g., shielding evaluation.

Class VI - Radiation instrument calibration.

Class VII - Therapeutic facility and shielding design, area radiation surveys, or calibration.

Class VIII - Personnel dosimetry services.

Section II continued...

**...Section II continued**

**Class IX** – General health physics consulting, e.g., independent diagnostic radiation output measurement, dose analysis, design of safety programs and radiation safety training programs, non-healing arts facility and shielding design, and area radiation surveys.

**Mammography Facilities** - Facility surveys, shielding design, area radiation surveys, or calibration.

**Miscellaneous Services** – Sales of x-ray chemicals, or routine processor maintenance.

**ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM (please check item(s) included):**

- 1. Vendor Application Fee- \$62.50 (non refundable)**
- 2. A sample of a shielding plan if registering as Class III, Class IV, Class VII, or Class IX vendor.**
- 3. A sample area survey if registering as a Class V, Class VII, or Class IX vendor.**
- 4. A sample of survey procedures and survey forms if registering as a Class V, Class VII, Class IX or Mammography vendor.**
- 5. A sample of equipment performance test procedures and forms for each unit type if registering as a Class II-C-Equipment Performance Test, Class IX, or mammography vendor.**

**Section IV: EMPLOYEE QUALIFICATIONS**

**Each employee must read Regulation 61-64, X-rays (Title B) and state that they will comply with the regulation. For a copy of these regulations, please go to <http://www.scdhec.gov/health/radh1th>.**

**A separate employee registration form must be filled out for each employee. Each employee must meet the training and educational requirements to provide the services for which registration is requested.**

**Section V: (To be completed by the individual responsible for the company)**

**Any changes to this application or employee information must be reported to the Department in writing within thirty (30) days.**

**Name (print or type): \_\_\_\_\_ Title: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**For additional information: Telephone (803) 545-4400 or Fax (803) 545-4412**

**Note: Application cannot be processed without the completion of DHEC form 824, DHEC form 825 for each applicable person, supporting documentation, and \$62.50 vendor application fee.**

**Please return completed forms to: S.C. DHEC-Vendor Registration  
Bureau of Radiological Health  
2600 Bull Street  
Columbia, SC 29201**

## **BUSINESS REGISTRATION X-RAY EQUIPMENT SERVICES**

### **PURPOSE**

This form is for registering businesses that provides services for and to x-ray producing machines. Every business that provides services for and to x-ray producing machines shall register with the Department via completion and review of this form.

### **ITEM BY ITEM INSTRUCTIONS:**

#### **Section I:**

Company Name- This refers to the official name of the company wishing to register in the state.

Physical Address- Give the address where the company is physically located.

Mailing Address- Give the mailing address if different from the physical address.

Telephone-Self explanatory.

Fax-Self explanatory.

Email address-Self explanatory.

Owner(s) of Company- Give the name of the person(s) that own the company.

Contact Person- Give the name of the person that will act as a point of contact on behalf of the company.

Title- Give the official title of the contact person listed.

Contact Address/Telephone-List the address and telephone # for the contact person.

#### **Section II:**

Purpose for request-Put an "X" or "√" beside each vendor Class that applies. You must mark all that apply, as this is how your company will be listed on the vendor list that is available to the x-ray facility registrants.

Specify equipment type(s)- List all types of equipment types, which your company will be providing services for (Ex.; Radiographic, Dental, Dental CT, Fluoroscopic, Industrial, Mammography, CT, etc.).

Enclose the following items with this form-Indicate by checking the items enclosed with this form.

#### **Section V:**

Name (print or type)- To be completed by the responsible individual for the company.

Signature-Self explanatory.

Date-Self explanatory.

### **OFFICE MECHANICS AND FILING**

When registration forms are received, stamp each copy with date received. Each business is entered in the computer system. The check is dated with the received date and processed. One copy of the registration form is placed into the registrant's file, and a copy is returned to the registrant for their records.