



STATE OF NEW JERSEY  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 BUREAU OF RADIOLOGICAL HEALTH  
 PO BOX 415, TRENTON, NEW JERSEY 08625-0415

phone (609) 984-5463  
 fax (609) 984-5811

**MACHINE DISPOSITION FORM**

**INSTRUCTIONS:** Complete all information indicated on this form.  
 Owner/representative signature required.  
 Form must be complete within 30 days of changes to comply with N.J.A.C. 7:28-3.9(a,b).

**FACILITY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**FACILITY NUMBER** \_\_\_\_\_

REGISTRATION NUMBER	DISPOSAL DATE	DISPOSITION CODE	MODEL NUMBER	SERIAL NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please place the number of the disposition codes which best describes the registration status of your X-ray machine in the disposition code column.

**DISPOSITION CODES**

1. Sold, traded, or donated to a person, company, or facility.
2. Moved to second office; same owner. Indicate address below.
3. Junked the X-ray machine.
4. Moved out of state.
5. Stored, deactivated the unit; not in use.

If code 1 or 2 is used, please indicate name and/or address below.

\_\_\_\_\_  
 \_\_\_\_\_

If your facility has gone out of business, please indicate where the films will be stored so patients can retrieve them if they are needed.

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Owner/Representative Signature

\_\_\_\_\_  
 Date

**BUREAU USE ONLY**

\_\_\_\_\_  
 BRH Representative

\_\_\_\_\_  
 Date