

## New Jersey Department of Environmental Protection Bureau of Radiological Health, PO Box 415, Trenton, NJ 08625-0415 Phone:(609)984-5463 Fax: (609) 984-5811

## **RADIATION**

	1 110116:(003)304-340	33 Tax: (003) 304-3011			
<u>Check One:</u> Register 1 <sup>st</sup> x-ray machine in facilityRegister 2 <sup>nd</sup> x-ray machine, 3 <sup>rd</sup> x-ray m Change information on current regist		Facility Number  Registration Number			
PRODUCING MACHINE REC					
NOTE: Replacement of existing unit wit			nachine needs a new regi:	stration form	
-	ILITY NAME & ADD				
		JKLOO (FIIIILOI LY)	<u> Je Offiy)</u>		
Full Business Name					
Business Type (e.g. PA, LLC, Corp, F		This is mandatory information			
Owner's Name First			7141. /841		
etc)	M. Init.	Last	litie (ML	D, DDS, DVM,	
Physical Address of x-ray unit					
Cit		ite Zip Code +	4 digit C	ounty	
	•	•		ounty	
Telephone + Area Code	га	X + Area Code			
Bill To Addressif different from abo	ve:				
MACHINE INFORMATIO	N- MUST BE CC	MPLETED IN FI	JLL		
(A separate registration is required f	or each x-ray tube)				
ENTER Machine Category (see m	achine source fee so	chedule for descript	ions)		
Manufacturer	· · · · · · · · · · · · · · · · · · ·	_ Model Name			
Console Model No	Console Serial No	Tube	Tube Serial No		
Date Acquired:	Max kVp:	Max mA	Max MeV		
				(if needed)	
Location (Room ID, Building, Color, etc	) if applicable:				
MUST CIRCLE ONE: <u>Type o</u>	f X-ray Processing	<b>;:</b>			
A = Automatic-film	M = Manual- film	CR = Computed Ra	ıdiography		
DR = Digital Radiography	P = Polaroid	N = No film (Indu	strial x-ray units)		
REGULATORY REQUIREMENTS  1. The New Jersey Administrative Code 2. NJAC 7:28 requires such owners have See NJAC 7: 28 for specifics. Owners a	ve a radiation safety survey	s performed on the equip	ment within 60 days of ac	quisition.	
DO	NOT SEND CHECK WITH will receive an invoice o	REGISTRATION APPLIC	CATION.	1	
Print Name (Owner/Representative)		Titl	Title		
Signature (Owner/Representa	Da	te	_		
Date Received		Date Retur	ned		

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