

Registrant Name: \_

## Application for Registration and Instructions for

# Industrial Radiation Machine (Category A) X-Ray Equipment Facility

RI General Laws Chapter 23-1.3

Registration Number	: IRA		
Reason for applicati	on (Please check all that apply):		
1. Initial Reg	gistration		
2. Change of address: What is your current registration number:			
3. Change of ownership: What is your current registration number:			
4. Registrant Name Change:			
For Agency Use Only	Category: <u>IRA</u> Registration No.:	Conditions:	
	Reviewed By:	Date: Amount Paid:	
	Number of Active X-Ray Tubes:	Number of X-Ray Tubes in Storage:	

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### State of Rhode Island Department of Health

### INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will be returned to you and your registration will not be issued.
   Please use a ball point pen.
- The fee for this registration application is \$275 made payable to: RI General Treasurer
- Sign the completed application and return to:

Radiation Control Program
Center for Health Facilities Regulation
Rhode Island Department of Health
3 Capitol Hill, Room 305
Providence, RI 02908-5097

- If you have any questions concerning this application, call the Radiation Control Program at (401) 222-2566.
- Registration application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

**Processing:** For expedited processing of your registration, a valid email address must be provided wherever requested.

**Attachments**: X-Ray Facility registration applications require an attached shielding plan and evaluation. Please label and staple each separate attachment and securely affix any and all attachments to this application.

**Postage**: The amount of postage required for mail delivery will vary depending upon the total weight of your attachment(s) and application. Please be careful to include the appropriate postage necessary to mail your completed application.

#### Please complete the following:

Email Address:	
Name: Phone Num	per:
Title: Email Addr	ess:
Name:	
Name:	
Email Address:	
Phone Number:	



### **State of Rhode Island** Department of Health

Facility Mailing Information:  Please provide the mailing information for all communication regarding this registration.  (Not published on HEALTH website).	Address Line 1  Address Line 2  Address Line 3  Address City, State, Zip Code  Address Country  Phone:  Fax:  Email Address:		- - - -
Facility Location Information:  Please provide the location information for this facility.  (Published on HEALTH website)	Address Line 1  Address Line 2  Address Line 3  Address City, State, Zip Code  Address Country  Phone:  Fax:  Email Address:		- - - -
Ownership Type:	Corporation	Limited Liability Company Pa	rtner
Ownership Type: Please check ONE	Corporation  Governmental Entity	Limited Liability Company Par Sole Proprietorship	rtner
	-		rtner
	Governmental Entity	Sole Proprietorship Limited Partnership	rtner



### **State of Rhode Island** Department of Health

Name:						
RI Registrat	ion #: <u>RPS</u>					
Except as otherwise provided in § 3.5.1(C) of 216-RICR-40-20, <i>Radiation</i> , all new X-ray equipment facilities, and modifications of existing X-ray equipment facilities require shielding plan review by the Agency. Prior to construction, the floor plans, shielding specifications, and equipment arrangement shall be submitted to the Agency for review and approval.  The type and scope of information to be provided for each location/unit is described in §§ 6.4.1 and 6.5 of 216-RICR-40-20, Radiation.						
00. None – Equipment Stored Number of Tubes:			30. Category A Industrial Radiation Machine* (Open Beam)			
Total	Number of Tubes:					
Unit #*	shielding plan/e	e the use of the equip	ment by inserting t	be used to identify that same >	ζ-ray equipment in the	Use**
	Except as of equipment f arrangemen The type and Numl	Except as otherwise provided in § 3.5.1(C) of equipment facilities require shielding plan re arrangement shall be submitted to the Agency. The type and scope of information to be provided in § 3.5.1(C) of equipment shall be submitted to the Agency. The type and scope of information to be provided in § 3.5.1(C) of equipment stored in § 3.5.1(C) of equipment stored in § 3.5.1(C) of equipment shall be submitted to the Agency. The type and scope of information to be provided in § 3.5.1(C) of equipment shall be submitted to the Agency.	RI Registration #: RPS  Except as otherwise provided in § 3.5.1(C) of 216-RICR-40-20, Ra equipment facilities require shielding plan review by the Agency. arrangement shall be submitted to the Agency for review and app. The type and scope of information to be provided for each location [Continue on plain.]  00. None — Equipment Stored Number of Tubes: Note that the submitted in the provided for each location in the submitted stored Number of Tubes: Note that the submitted Note that the	Except as otherwise provided in § 3.5.1(C) of 216-RICR-40-20, Radiation, all new X equipment facilities require shielding plan review by the Agency. Prior to construe arrangement shall be submitted to the Agency for review and approval.  The type and scope of information to be provided for each location/unit is described [Continue on plain 8%" by 11" paper  00. None – Equipment Stored Number of Tubes:  *as defined i  Total Number of Tubes:  *as defined i  Total Number of Tubes:  *as defined i  *unit #* Manufacturer Model # of Tubes  *as defined i  *Unit #* with the transfer of the equipment should also be shielding plan/evaluation.  *Unit # used to identify X-ray equipment should also be shielding plan/evaluation.  *Use: Indicate the use of the equipment by inserting to the plansfer of the equipment by the plansfer of the pl	Except as otherwise provided in § 3.5.1(C) of 216-RICR.40-20, Radiation, all new X-ray equipment facilities, and equipment facilities require shielding plan review by the Agency. Prior to construction, the floor plans, shieldin arrangement shall be submitted to the Agency for review and approval.  The type and scope of information to be provided for each location/unit is described in §§ 6.4.1 and 6.5 of 216-RIC [Continue on plain 8%" by 11" paper II necessary.]  00. None – Equipment Stored Number of Tubes:  Total Number of Tubes:  Total Number of Tubes:  "*as defined in § 6.3(A) of 216-RICR-40-20  Unit #** Manufacturer Model # of Tubes Location  Unit #** Manufacturer Model # of Tubes Location  Unit #** Wanufacturer Model # of Tubes Supplied Plans	Except as otherwise provided in § 3.5.1(C) of 216-RICR-40-20, Radiation, all new X-ray equipment facilities, and modifications of exist equipment facilities require shielding plan review by the Agency. Prior to construction, the floor plans, shielding specifications, and or arrangement shall be submitted to the Agency for review and approval.  The type and scope of information to be provided for each location/unit is described in § 6.4.1 and 6.5 of 216-RICR-40-20, Radiation.  [Condinue on plan 85" by 11" paper if necessary.]  00. None — Equipment Stored Number of Tubes:  **as defined in § 6.3(A) of 216-RICR-40-20, Radiation.  Total Number of Tubes:  **unit #*B**  **Unit #*B**  **Manufacturer*  Model #* of Tubes Location    Unit #*B**   Location



### State of Rhode Island

#### Department of Health

#### Acknowledgements

I am aware of Chapter 23-1.3 of the General Laws of Rhode Island, 1978, as amended, and the standards, rules and regulations prescribed thereunder, which regulate the operation of this facility.

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General Laws of Rh	authorized representative of the Agency shall, in conformity with the authority continued under Chapter 23-1.3 of the ode Island, as amended, have the right to enter without prior notice to inspect the entire premises and services, s of any facility/residence.		
FEIN Number: (Federal Employer Identification Number) Note: If you are a sole proprietor this	Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any registration, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.  Please provide below SSN/FEIN for this registration:		
number may be your Social Security Number.	SSN/F,E.I.N. Number:		
Affidavit of Applicant	AFFIDAVIT AND SIGNATURE		
Read, sign, and date	This Application Must be Signed by the Facility Supervisor		
this affidavit.	I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of this Registration in the State of Rhode Island.		
	I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.		
	I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.		
	Signature of Authorized Person Date of Signature (MM/DD/YY)		
	Printed Name of Authorized Person		
	Title of Authorized Person		
	Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended.		