



Government Modernization and Service Delivery
OCCUPATIONAL HEALTH AND SAFETY DIVISION

OWNERSHIP REGISTRATION OF RADIATION EQUIPMENT

Owner's Name:

E-Mail Address:

Physical Address of X-ray equipment:

Primary Contact or Responsible User (Name/Phone #):

MACHINE INFORMATION – MUST BE COMPLETED IN FULL

REGISTRATION NO. ISSUED	MAKE	MODEL & SERIAL NUMBERS	ROOM ID (Number or name)	DATE INSTALLED AT THIS LOCATION	FUNCTION CODE	OHS ID NUMBER

Note: For most types of x-ray equipment the model number and serial number to be used for registration purposes appears on the x-ray unit's control panel. For CT scanners the model number and serial number recorded on the gantry must also be recorded on this form.

Function Code:

01. CT or CBCT	08. Training/instruction
02. Radiography (including Digital)	09. Demonstration, repair, installation, testing
03. Fluoroscopy (including Remote)	10. Industrial Radiography (X-Ray)
04. Rad/Fluoro Combination	11. Analytical (Diffraction)
05. Mammography	12. Food Inspection
06. Mobile	13. Other (Specify) _____
07. Dermatology	

OHS ID Number:

Once registered x-ray equipment is assigned a 4 digit OHS ID sticker which is to be attached to the control panel in a clearly visible location. For CT scanners it must be attached to the back of the gantry.

The general nature of the owner's business is:

C <input type="checkbox"/>	Chiropractic	E <input type="checkbox"/>	Education & Training	D <input type="checkbox"/>	Dental
H <input type="checkbox"/>	Hospital/Clinic	I <input type="checkbox"/>	Industrial & Commercial	F <input type="checkbox"/>	Food Inspections
V <input type="checkbox"/>	Veterinary	R <input type="checkbox"/>	Research & Development	O <input type="checkbox"/>	Other

The registrant undertakes to notify the Occupational Health and Safety Division of any changes to any information given herein.

DATED AT _____ THIS _____ DAY OF _____ 20____

Signature of applicant: _____ Name (Please print) _____