

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) _____