

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Dear Facility Registrant:

If you have closed your office or no longer using the x-ray equipment that is registered with us we need to know the status of the equipment. Please complete the “*Disposition of X-Ray Equipment*” form and return the completed form to our office or by faxing it to (518) 402-7575. If you are disposing of all equipment for this registration location, return your original registration installation certificate with the disposition form by mail. **Until the equipment is removed or dismantled you are responsible for the registration fee.**

Should you have further questions or need assistance, please phone (518) 402-7570.

Sincerely,

Alexander Damiani, MS, MPH
Chief, Radiation Equipment Section
Bureau of Environmental Radiation Protection

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL RADIATION PROTECTION

Disposition of X-ray Equipment

INSTRUCTIONS: **Print or type all information.** Please sign (required) and return the completed form.

1. Facility Registration Number:

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2. Facility Information

Facility Name _____

Address _____

City, State, Zip _____

Number and Type of Units:

- | | |
|--|--|
| A. ___ Dental/CBCT/Hand-held | J ___ Therapy(0 KVP-1MV)Blachy Therapy |
| B. ___ Radiographic Fixed/Mobile | K ___ Non-Medical Electron Microscope |
| C. ___ Fluoroscopic C-Arm Fixed/Mobile | L. ___ Non-Medical X-ray Diffraction |
| D. ___ Comb R&F | M ___ Non-Medical Particle Accelerator |
| E. ___ CT Scanner/PetCT | N ___ Non-Medical Gauge or Screening |
| F. ___ Bone Densitometer | O ___ Non-Medical Industrial Radiography |
| G. ___ Mammography | P ___ Non-Medical XRF |
| H. ___ Stereotactic Breast Biopsy | Q ___ Other _____ |
| I. ___ Medical Accelerator/OBI | |

3. Current Status of Equipment:

- A. Has equipment been taken to new location? Yes No
If **no**, complete B, C, and D below:

If yes, address and phone of new location: _____

Phone (____)_____-_____

- B. Has equipment been sold? Yes No If yes, date of sale: ____/____/____
Month Day Year

Name of new owner: _____

Address: _____

Phone: _____

- C. Has equipment been disassembled or scrapped? Yes No
If yes, give date: ____/____/____
Month Day Year

- D. Is equipment currently in use? Yes No
Date stop using equipment: ____/____/____
Month Day Year

Signature _____

Title _____ Date _____