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: 

2. Facility Information
   Facility Name ____________________________________________
   Address ________________________________________________
   City, State, Zip __________________________________________

Number and Type of Units:
A. __ Dental/CBCT/Hand-held       J __ Therapy(0 KVP-1MV)Bachy 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: ___ / ___ / _____
      Name of new owner: ___________________________________
      Address: ____________________________________________
      Phone: ______________________________________________

   C. Has equipment been disassembled or scrapped? Yes       No
      If yes, give date: ___ / ___ / _____

   D. Is equipment currently in use? Yes       No
      Date stop using equipment: ___ / ___ / _____

Signature ___________________________________
Title ___________________ Date _____________

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