January 4, 2023

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 at the address shown below.

NYS DOH BERP
Radiation Equipment Section
ESP Corning Tower 12th Floor
Albany NY 12237

If you are disposing of all equipment and closing this registration location, return your original registration installation certificate with the disposition form by mail.

Until the equipment is removed or dismantled, and the attached disposition form is submitted to this office, the registrant is responsible for the registration fee.

Should you have further questions or need assistance, please phone (518) 402-7570 or email BERP@health.ny.gov
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 ________________________________
   City ______________________ State ______ Zip ______

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

4. Current Status of Equipment:
   A. Are you closing your registration? _____ [ ] YES [ ] NO
   B. Has equipment been sold? _____ [ ] YES [ ] NO
      If yes, date of sale: ______________________
      Month ___ Day ___ Year ___
   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 ___

New location of equipment (if applicable)

Phone (_________ ) -

Signature of operator or RSO ________________________________

Print Name ________________________________

Title ________________________________ Date __________________

DOH-2126 (3/18)