

JAMES V. McDONALD, M.D., M.P.H. Acting Commissioner **MEGAN E. BALDWIN**Acting Executive Deputy Commissioner

January 4, 2023

Governor

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].	Therapy (0 KVP-1MV)
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	I Non-Medical Particle Accelerator
E CT Scanner (includes PET/CT)	Non-Medical Gauge or Screening
F Bone Densitometer 0	Non-Medical Industrial Radiography
G Mammography P.	Non-Medical XRF
H Stereotactic Breast Biopsy Q	Other
I Medical Accelerator/OBI	
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: / /	
D. Is equipment currently in use?	YES NO
Date stop using equipment / /	TES INO
Month Day Year	
New location of equipment (if applicable)	
Phone () -	
Signature of operator or RSO	
Print Name	
Title	-