



RADIATION MACHINE REGISTRATION APPLICATION PART A - GENERAL FACILITY INFORMATION AND AGREEMENT

State Form 9977 (R9 / 10-20)
INDIANA DEPARTMENT OF HEALTH
DIVISION OF RADIOLOGY AND WEIGHTS AND MEASURES

Please check one: New Facility Update Facility (new machine, new location, etc.) Routine Inspection

In accordance with regulations promulgated under authority of IC 16-41-35, each person having one or more radiation producing machines shall apply for registration of the machine(s) with the Indiana Department of Health before the operation of the machine(s). This registration must also be updated whenever the information contained in it changes (such as change in location, ownership, or name).

PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION.

FACILITY INFORMATION

If the facility has no name, list the doctor's name. If the mailing address is different than the physical address of the facility, list both addresses. The radiation safety officer must be an employee of the facility and is the individual responsible for radiation safety at the facility. If this is a previously unregistered facility, leave the Facility registration number box blank.

Facility registration number Name of facility Date (month, day, year)

Address (number and street)

City, state, and ZIP code

County

Mailing address, if different from physical address (number and street)

City, state, and ZIP code

Facility telephone number

()

Facility e-mail address

Name of Radiation Safety Officer (RSO)

Telephone number of RSO

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E-mail address of RSO

Select type of facility:

X - Dental

3 - Educational (Schools / Colleges)

6 - Veterinarian

1 - Hospital

4 - Podiatric

7 - Industrial

2 - Physicians / Clinics / Mobile

5 - Chiropractic

8 - Other _____

REGISTRATION AGREEMENT

The following agreement should be signed by a person who has legal responsibility for the radiation machine(s) at the facility (i.e. owner, hospital administrator, corporation director, etc.)

I understand that failure to comply with IC 16-41-35 or 410 IAC 5 may result in revocation of my machine registration.

Signature of responsible individual

Date (month, day, year)

Printed name of responsible individual

Title of responsible individual

Return Parts A, B and C of this application to:

**Indiana Department of Health
Division of Radiology and Weights and Measures
2 North Meridian Street, 4 Selig
Indianapolis, IN 46204**

If you have any questions, call Mary Stiker, X-Ray Machine Inspector Coordinator, at (317) 233-4943.



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PART B - SPECIFIC FACILITY INFORMATION

Part of State Form 9977 (R9 / 10-20)
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PERSONNEL RADIATION EXPOSURE MONITORING (<i>All Facilities</i>)	
Name of personnel monitoring device company	Types of personnel monitoring devices used
Number of persons monitored for WHOLE BODY exposure	
Number of persons monitored for EXTREMITY exposure	
Number of persons monitored under eighteen (18) years of age	

MAMMOGRAPHY FACILITY STAFF QUALIFICATIONS (<i>Mammography Facilities Only</i>)	
Interpreting Physician Requirements	
Are all interpreting physicians ABR, AOBR, or ACR certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all interpreting physicians completed or taught forty (40) hours of postgraduate instruction in mammography interpretation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all interpreting physicians completed or taught fifteen (15) hours minimum postgraduate work in mammography interpretation in the past thirty-six (36) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all interpreting physicians read at least ten (10) mammography exams per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all interpreting physicians provide written statements as required by 410 IAC 5-6.1-127?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mammographer Requirements	
Are all mammographers Indiana state licensed radiologic technologists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all mammographers completed at least ten (10) hours of continuing education in mammography in the past twenty-four (24) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all mammographers passed the ARRT Mammography examination or completed ten (10) hours of specialized training in mammography (positioning, compression, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all mammographers completed an orientation program based on the procedures manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STAFF QUALIFICATIONS (<i>Human Use Facilities Only [Medical, Hospital, Chiropractic, Podiatric, Dental, etc.]</i>)		
<i>List the number of each of the following types of personnel employed by the facility.</i>		
Licensed practitioners	Dental hygienists	Students in approved education programs
State licensed diagnostic x-ray machine operators	Other persons taking radiographs	



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PART C - RADIATION MACHINE INFORMATION

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 DIVISION OF RADIOLOGY AND WEIGHTS AND MEASURES

FACILITY INFORMATION

Date (month, day, year)	Facility registration number (from Part A)	Name of facility (from Part A)	Page number of pages
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MACHINE INFORMATION

List each radiation machine in your facility on a separate line in the table and provide all information requested.

Tube Number	Type of Machine (Code from table below)	Serial Number	Location in Facility (Room Number)	Machine Control Manufacturer	Number of Tube Heads	Beam Collimation (Check only one.)	Maximum kVp rating	Maximum mA rating	Utilization Mode (Check only one.)	Date Manufactured (mm, dd, yy)	Date Installed (mm, dd, yy)
						<input type="checkbox"/> Adjustable <input type="checkbox"/> None <input type="checkbox"/> Cone <input type="checkbox"/> Other <input type="checkbox"/> Diaphragm			<input type="checkbox"/> Fixed <input type="checkbox"/> Not in use <input type="checkbox"/> Mobile <input type="checkbox"/> Portable		
						<input type="checkbox"/> Adjustable <input type="checkbox"/> None <input type="checkbox"/> Cone <input type="checkbox"/> Other <input type="checkbox"/> Diaphragm			<input type="checkbox"/> Fixed <input type="checkbox"/> Not in use <input type="checkbox"/> Mobile <input type="checkbox"/> Portable		
						<input type="checkbox"/> Adjustable <input type="checkbox"/> None <input type="checkbox"/> Cone <input type="checkbox"/> Other <input type="checkbox"/> Diaphragm			<input type="checkbox"/> Fixed <input type="checkbox"/> Not in use <input type="checkbox"/> Mobile <input type="checkbox"/> Portable		
						<input type="checkbox"/> Adjustable <input type="checkbox"/> None <input type="checkbox"/> Cone <input type="checkbox"/> Other <input type="checkbox"/> Diaphragm			<input type="checkbox"/> Fixed <input type="checkbox"/> Not in use <input type="checkbox"/> Mobile <input type="checkbox"/> Portable		
						<input type="checkbox"/> Adjustable <input type="checkbox"/> None <input type="checkbox"/> Cone <input type="checkbox"/> Other <input type="checkbox"/> Diaphragm			<input type="checkbox"/> Fixed <input type="checkbox"/> Not in use <input type="checkbox"/> Mobile <input type="checkbox"/> Portable		
						<input type="checkbox"/> Adjustable <input type="checkbox"/> None <input type="checkbox"/> Cone <input type="checkbox"/> Other <input type="checkbox"/> Diaphragm			<input type="checkbox"/> Fixed <input type="checkbox"/> Not in use <input type="checkbox"/> Mobile <input type="checkbox"/> Portable		

Radiation Machine Type Codes:

- | | | | |
|--------------------------------------------|-------------------------------|---------------------------------------------|----------------------------------------------------------------------|
| 1 Therapy Simulator | 10 Computer Tomography (Head) | 19 Magnetic Resonance Imaging (MRI) Unit | 28 Bone Density |
| 2 Superficial X-ray Therapy (up to 150 kV) | 11 Computer Tomography (Body) | 20 Dental, Cephalometric | 29 Positron Emission Tomography / Computerized Tomography (PET / CT) |
| 3 Cobalt-60 Therapy | 12 Radiography | 21 Dental, Intraoral | 30 Electronic Brachytherapy |
| 4 Electron Beam Only Therapy | 13 Mammography | 22 Dental, Panoramic | 31 O-Arm |
| 5 Supervoltage Therapy (1-11.99 MEV) | 14 Digital Radiography | 23 Dental, Multipurpose | 32 Hand Held Dental |
| 6 Megavoltage Therapy (12+ MEV) | 15 Fluoroscopy (under table) | 24 Cone Beam Computerized Tomography (CBCT) | 33 Hand Held X-ray Fluorescence (XRF) |
| 7 Orthovoltage Therapy (151-999 kV) | 16 Fluoroscopy (above table) | 25 Mobile Van | 34 Whole Body Scanner |
| 8 Particle Accelerator | 17 Fluoroscopy / Radiography | 26 Industrial X-ray | 35 Other _____ |
| 9 Tomography | 18 C-Arm Fluoroscopy | 27 Laboratory X-ray | |