Reset Form

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

State Form 9977 (R8 / 5-17)
INDIANA STATE DEPARTMENT OF HEALTH
MEDICAL RADIOLOGY SERVICES

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 machines shall apply for registration of the machines with the Indiana State Department of Health before the operation of the machines. This registration must also be updated whenever the information contained in it changes.

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)	RSO telephone number
	( )

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 machines 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 State Department of Health
Medical Radiology Services
2 North Meridian Street, 4 Selig
Indianapolis, IN 46204

If you have any questions, call (317) 233-7147 and ask for the Radiation Machine Inspection Program Coordinator.

RADIATION MACHINE REGISTRATION APPLICATION
PART B - SPECIFIC FACILITY INFORMATION

Part of State Form 9977 (R8 / 5-17)
INDIANA STATE DEPARTMENT OF HEALTH
MEDICAL RADIOLOGY SERVICES

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

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

RADIATION MACHINE REGISTRATION APPLICATION
PART C - RADIATION MACHINE INFORMATION

Part of State Form 9977 (R8 / 5-17)
INDIANA STATE DEPARTMENT OF HEALTH
MEDICAL RADIOLOGY SERVICES

FACILITY INFORMATION

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

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)*	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)*
					☐ Adjustable ☐ None ☐ Cone ☐ Other ☐ Diaphragm			☐ Fixed ☐ Not in use ☐ Mobile ☐ Portable		
					☐ Adjustable ☐ None ☐ Cone ☐ Other ☐ Diaphragm			☐ Fixed ☐ Not in use ☐ Mobile ☐ Portable		
					☐ Adjustable ☐ None ☐ Cone ☐ Other ☐ Diaphragm			☐ Fixed ☐ Not in use ☐ Mobile ☐ Portable		
					☐ Adjustable ☐ None ☐ Cone ☐ Other ☐ Diaphragm			☐ Fixed ☐ Not in use ☐ Mobile ☐ Portable		
					☐ Adjustable ☐ None ☐ Cone ☐ Other ☐ Diaphragm			☐ Fixed ☐ Not in use ☐ Mobile ☐ Portable		
					☐ Adjustable ☐ None ☐ Cone ☐ Other ☐ Diaphragm			☐ Fixed ☐ Not in use ☐ Mobile ☐ Portable		

Radiation Machine Type Codes:

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