

ALABAMA DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR NON-MEDICAL X-RAY REGISTRATION

INSTRUCTIONS-Complete all items (1-13). If application is for renewal of a registration, only Item 7 may be completed by referring to information on file. Use supplemental sheets where necessary. Mail original to: Alabama Office of Radiation Control, P.O. Box 303017, Montgomery, Alabama, 36130-3017. Upon approval of this application, the applicant will receive an Alabama Notice of Registration. An Alabama Notice of Registration is issued in accordance with the general requirements contained in Chapter 420-3-26, and the registrant is subject to all applicable parts of this Chapter.

1.(a) Name, mailing address of applicant (Institution, firm, hospital, persons, etc.)

(b) Street address(es) at which x-ray equipment will be used (if different than Item 1.(a))

Telephone No: Area Code () _____

2. Department to use x-ray equipment

3. This is an application for (check and complete appropriate items):

- _____ A. New Registration
 _____ B. Amendment to Registration No. _____
 _____ C. Renewal of Registration No. _____

4. Individual user(s) (Name and title of person(s) requested to be named on the registration to use or physically supervise the use of the x-ray equipment. Give training and experience in Item 7.)

5. Radiation Safety Officer (Name of person to be designated as the Radiation Safety Officer. Attach resume of training and experience.)

Telephone No: Area Code () _____

6.(a) X-ray equipment description (Type, manufacturer, model and serial number)

(b) Maximum voltage and current (mA or μ A)

(c) Describe purpose for which the x-ray equipment will be used

7. Training and Experience in Radiation Safety

- a. Formal Training in Radiation Safety: Attach a resumé for each individual named in Items 4 and 5. Describe each individual's formal training in the principles and practices of radiation protection; radioactivity measurement standardization and monitoring techniques and use of instruments; mathematics and calculations basic to the use and measurement of radiation; and the biological effects of radiation. Include the name of the person or institution providing the training, duration of training and when training was received. Attach a copy of a training certificate from an approved training course, where applicable.
- b. Experience: Attach a resumé for each individual named in Items 4 and 5. Describe each individual's work experience with x-ray equipment, including where the experience was obtained.

8. Radiation detection instruments (Use supplemental sheets if necessary)

Type of instruments (make and model # of each)	Number available	Radiation Detected	Sensitivity Range (mR/hr)	Use (monitoring, surveying, measuring)

9. Calibration of the radiation detection instruments (specify the frequency and methods to be used in calibrating radiation detection instruments)

Submit Items 10 through 12 on supplemental sheets and attach all supplemental sheets to this application

- 10. Describe what personal dosimetry, if any, will be used. Specify the type (film badge, TLD, OSL, etc.), frequency of change, and supplier.
- 11. Describe facilities, equipment, shielding, etc. Attach an explanatory sketch or diagram of the areas of use and/or storage.
- 12. Describe the radiation protection program including quality control checks and their frequency (Ex: daily, weekly, monthly, quarterly, annually). If you adopted the manufacturer's recommended radiation protection program, please attach a copy of it.

13. Certification: The applicant and any official executing this certificate on behalf of the applicant named in Item 1, certifies that this application is prepared in conformity with Chapter 420-3-26, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge and belief.

Signature of Certifying Official

Printed Name and Title of Certifying Official

Date