

X-Ray Registration Form

Please include all the requested information and submit the completed form to Jill Robertson, Radiation Safety Manager (RSM):

Email: jrobertson@dal.ca

Fax: 423-5242

Interdepartmental Mail: Jill Robertson, Environmental Health & Safety Office, 1435 Seymour St., Halifax N.S.

*Please note, one form must be completed for each separate unit.

1. Status	<input type="checkbox"/> Existing <input type="checkbox"/> New
2. Location – <i>include all locations in which the device is used</i>	Campus: Building: Mobile unit: <input type="checkbox"/> yes <input type="checkbox"/> no Room(s):
3. Use – <i>check all that apply and provide a brief description of use</i>	<input type="checkbox"/> Dental (<input type="checkbox"/> Cephalometric <input type="checkbox"/> Intraoral <input type="checkbox"/> Panoramic) <input type="checkbox"/> Veterinary <input type="checkbox"/> Analytical <input type="checkbox"/> Cabinet <input type="checkbox"/> Other: _____ Description:
4. Device	Manufacturer: Model #: Serial #:
5. Technical Factors	Maximum Rate: _____ kVp _____ mA

6. Principal Investigator (PI)	Email: Phone: netID:	
7. Secondary Contact	Email: Phone:	
8. Users – <i>list all authorized users of this device</i>	User(s):	Training Date on X-Ray Device:

PI Signature _____ Date _____

RSM Signature _____ Date _____