



Radiation Control, X-ray Unit
 625 North Robert Street
 P.O. Box 64975
 St. Paul, MN 55164-0975
 Ph 651-201-4545
 Fx 651-201-4606
health.xray@state.mn.us

Change in Facility Information for X-ray Machine or Devices

A. General Information (Please select at least one)

<input type="checkbox"/> Facility Name Change <input type="checkbox"/> Address Change (Due to Move) <input type="checkbox"/> Administrator Change <input type="checkbox"/> Equipment Changes <input type="checkbox"/> Sold <input type="checkbox"/> Disposed <input type="checkbox"/> Inoperable <input type="checkbox"/> Storage	<input type="checkbox"/> Radiation Safety Officer Change <input type="checkbox"/> Sold Practice Date of Sale _____ <input type="checkbox"/> Tax Id Number
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B. OLD Information

Facility Name:	Registration Number:
Federal Tax Id Number:	State Tax Id Number:
Facility Address:	Facility Phone Number:
	Facility Fax Number:
Facility Administrator:	Administrator Phone Number:
Facility Radiation Safety Officer (RSO):	RSO Phone Number:

C. NEW Information

Facility Name:	Registration Number:
Federal Tax Id Number:	State Tax Id Number:
Facility Address:	Facility Phone Number:
	Facility Fax Number:
Console Type & Manufacturer: Console number (if known) _____	Console Serial Number:
Tube Type & Manufacturer:	Tube Serial Number:
Console or Tube Status: <input type="checkbox"/> Sold <input type="checkbox"/> Disposed <input type="checkbox"/> Inoperable <input type="checkbox"/> Storage	Sold to:
Facility Administrator:	Administrator Phone Number:
Facility Radiation Safety Officer (RSO):	RSO Phone Number:

Registrant's Signature _____ Title _____ Date _____