

X-RAY REGISTRATION

Division of Research Safety
 Radiation Safety Section
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DESCRIPTION OF X-RAY PRODUCING EQUIPMENT USED UNDER PERMIT # _____

X-ray Unit No. _____

| | |
|--|--|
| Generator Manufacturer/Model No. | |
| Generator Serial No. | |
| Generator Manufacture Date | |
| Tube Manufacturer/Model No. <i>If applicable, not required</i> | |
| Tube Serial No. <i>If applicable, not required</i> | |
| Unit Type (<i>radiographic, mobile, CG, fluoroscopic, therapy, dental, mammography dual propose, industrial</i>) | |
| Maximum Tube kVp & mA | |
| X-ray Unit Location | |
| Shielding/Interlocks | |
| Warning Devices | |
| Other Safety Features | |

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