



\_\_\_ New Registration

\_\_\_ Registration Renewal

County: \_\_\_\_\_

Reg. Number: \_\_\_\_\_

**APPLICATION FOR RADIATION MACHINE FACILITY REGISTRATION**

(Rev. 10/19)

Form 1R

*REGISTRANT INFORMATION*

Facility Name: \_\_\_\_\_

Address (location of machine): \_\_\_\_\_ FEIN# \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_ [ \_\_\_ ] same as above

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

*RADIATION MACHINE INFORMATION*

| Machine Type (code) | Make | Model | X-ray tube ( t ) or Control (c) s/n | Location in Office |
|---------------------|------|-------|-------------------------------------|--------------------|
|                     |      |       |                                     |                    |
|                     |      |       |                                     |                    |
|                     |      |       |                                     |                    |
|                     |      |       |                                     |                    |
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|                     |      |       |                                     |                    |
|                     |      |       |                                     |                    |
|                     |      |       |                                     |                    |

(use additional pages if necessary)

I certify that the above information is correct. **Changes will be reported in writing within 10 days to the address below.**

Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

WV Department of Health and Human Resources  
Bureau for Public Health  
Office of Environmental Health Services  
350 Capitol Street, Room 313  
Charleston, WV 25301  
<http://www.wvdhhr.org/rtia>



## INSTRUCTIONS FOR COMPLETION OF FORM 1R

### **APPLICATION FOR REGISTRATION OF RADIATION MACHINE FACILITIES**

1. Please Identify if this is a new registration or if it is a renewal of a current registration. If this is a renewal of a current registration please list current registration number.
2. Enter information in the Registrant Information section, including the address for the physical location of the radiation producing devices. If you have an alternate preferred mailing address for regulatory correspondence and billing please list it as the preferred mailing address.
3. Use the code list below to identify the type of machine. If a machine has more than one x-ray tube, list the components separately. (e.g. the code RF indicates a machine would be listed once for single tube with dual purpose. A machine would be listed twice if two separate tubes are used for radiography and fluoroscopy, respectively).
4. The form must be signed and dated by a responsible party such as the company president, a licensed practitioner of the healing arts, or the radiation safety officer (RSO).
5. ATTACH PAYMENT OF REGISTRATION / RENEWAL FEE (\$120)  
CHECKS MADE PAYABLE TO : BPH [  CHECK ENCLOSED?]
6. Mail the form to: Radiological Health Program, 350 Capitol Street, Room 313, Charleston, WV 25301. **Registrations will not be processed until payment is received.** If you have any questions please contact The Radiological Health Program at (304) 558-2981.

|                                 |                        |                             |
|---------------------------------|------------------------|-----------------------------|
| GP- RADIOGRAPHIC                | SM- THERAPHY SIMULATOR | ID- INTRAORAL DENTAL        |
| BD- BONE DENSITY                | RT- THERAPHY           | PX- PANORAMIC/CEPH          |
| CF- C-ARM                       | SC- SPECIALS/ CATH     | VS- VETERINARY STATIONARY   |
| CT- COMPUTED TOMOGRAPHY         | SB- STEREOTACTIC       | VP- VETERINARY PORTABLE     |
| FL- FLOUROSCOPIC                | MM- MAMMOGRAPHY        | IR- INDUSTRIAL RADIOGRAPHIC |
| RF- RADIOGRAPHIC & FLOUROSCOPIC | MX- MOBILE/PORTABLE    | IO- INDUSTRIAL OTHER        |

#### **Please note the requirements of the Radiological Health Rules in 64-CSR-23:**

The person possessing each registrable item shall renew such registration with the agency at a date to be specified by the agency not later than within six (6) months of the effective date of this rule and every three years thereafter. Except as provided in Subdivision 5.9.b. the registrant shall notify the agency in writing within ten (10) days after any change which renders the information on registration no longer accurate. In the case of disposition of radiation sources, such notification shall specify the recipient of these sources. The registrant is not required to notify the agency of the use of radiation sources at a temporary location other than the designated storage location, provided the initial registration shows that their use at temporary locations is normal to the conduct of the registrant's operations.