

(For Office Use Only)
Registration No.
Date Registered

STATE OF TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF RADIOLOGICAL HEALTH 3RD FLOOR, L & C ANNEX, 401 CHURCH STREET, NASHVILLE, TN 37243

REGISTRATION OF X-RAY PRODUCING EQUIPMENT

I.	POSSESSOR							
	ADDRESSNumber and Street		City		unty	Zip Code		
II.	OWNER	Name of Person	n, Corporation, Agen	cy, etc.				
			er and Street		Co	unty	Zip Code	
II.	Radiation Sat			·	equipment		,	
	Telephone #							
V.	V. Medical Specialty of Possessor							
V	X-RAY PRODUCING EQUIPMENT (see reverse) LIST EACH TUBEHEAD SEPARATELY:							
	A. Room Number	B. Tube Number	C. Classification Number	D. Equipment Inf	D. Equipment Information		F. Maximum kVp (Peak Kilovoltage possible)	
	NOTE, SEE	SINCTRICTIO	NIC EOD					
	NOTE: SEE INSTRUCTIONS FOR COMPLETING THIS FROM ON REVERSE			ERSE	I hereby certify that to the best of my knowledge and belief the above information is true and correct.			
	Date Signed				Signature of Possessor			

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INSTRUCTIONS FOR PREPARATION OF FORM RS 8-4

- I. Possessor refers to that person having actual possession of the x-ray producing equipment.
- II. Owner refers to the person having title to the x-ray producing equipment.
- III. Radiation Safety Officer refers to the person responsible for the proper use and maintenance of the x-ray equipment, and to whom correspondence should be addressed.
- IV. For tubes used by practitioners of healing arts, specify specialty of the practioner.
- V. X-ray equipment:
 - A. Room Number: Assign a room number for identification of location.
 - B. Tube Number: Please number separately each tubehead in possession. (ie, 1, 2, 3,)
 - C. Classification: Classify each tubehead as one of the following:
 - 1. Dental diagnostic (includes dental cephalometric units)
 - 2. Medical diagnostic, Veterinary diagnostic (all other medical diagnostic units, not included in Class 3)
 - 3. Medical diagnostic (hospital, radiologist, or orthopedic surgeon, mobile van/medical screening)
 - 4. Medical therapeutic, Veterinary therapeutic
 - 5. a. Industrial (closed-beam analytical, gauges, shielded room radiography, cabinet radiography)
 - b. Educational, demonstrational, research (with built-in physical restrtions limiting any personnel exposure)
 - 6. a. Industrial radiography (that radiography equipment not included in classification 5), open-beam analytical
 - b. Educational, demonstrational, research (not in 5b)
 - c. Other (specify)

D. Equipment information:

List the manufacturer of the x-ray equipment. If different firms manufactured the control panel and the tubehead, list each using the following format: Control Panel Manufacturer/Tubehead Manufacturer. On line below this, list tube housing (tubehead) serial number. If this serial number is not available, list control panel serial number. If neither is available, indicate that there is no serial number.

- E. Fixed, Mobile, or Portable: **Fixed** equipment is that equipment which is **not** designed to be easily moved from one area to another. **Mobile** equipment is that equipment either mounted on wheels and/or caster or installed within a vehicle. **Portable** equipment is that equipment designed to be hand carried.
- F. Indicate the peak kilovoltage at which the x-ray tube can be operated.

When completed return to:

STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF RADIOLOGICAL HEALTH
3RD FLOOR, L & C ANNEX, 401 CHURCH STREET
NASHVILLE, TN 37243

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