DRS Registration of X-Ray Equipment

Date: _____

Please complete this form and return to the Division of Radiation Safety (DRS). Upon registration, an "X-Ray Equipment Notice" sticker with the RSB identification number will be issued. The sticker needs to be attached to the equipment described below.

Thank You,
Teresa Fisher
Division of Radiation Safety
teresa.fisher@nih.gov
301-496-2253

Location:

Building _____ Bldg Sufx _____ Floor _____ Wing _____ Room _____ Room Sufx _____

Equipment RSB # _____ (number will be provided by DRS)

Unit Type VET/RAD-Veterinary radiographic

Manufacturer _____

Model _____

Serial # _____

NIH Property # _____

Custodian Name _____ DRS # _____ Phone # _____

Additional Contact Name _____ DRS # _____ Phone # _____

Shields Associated with this Unit:

General Comments: