

**DEPARTMENT OF HEALTH & WELFARE  
BUREAU OF LABORATORIES  
RADIATION CONTROL PROGRAM  
(208)334-2235  
FAX: (208)334-4067**

<b>For Office Use Only</b>
Registration #:
Date Registered:

**APPLICATION FOR REGISTRATION OF RADIATION DEVICE**

In compliance with the provisions of the Idaho Radiation Control Rules IDAPA 16.02.27, the Department of Health & Welfare requires registration of all x-ray producing machines. Please notify the Department within ten (10) days of any change in the following information.

This form can be found on the internet at [www.statelab.idaho.gov](http://www.statelab.idaho.gov) under the Certification section.

Registrant (Owner/facility/hospital/etc):							
Address (if PO box, you must include street address):							
City:		State:		Zip Code:			
Telephone:		Fax #:		E-mail address:			
Radiation Safety Officer (person in charge of unit):							
Telephone:							
Type of Facility:	Hospital	Clinic	Private office	Other			
Type of Practice:	Dental	Medical	Podiatry	Veterinarian	Industrial	Chiropractic	Other
Modalities:	Digital?	Yes	No	<b>Please fill in the number of tubes/units</b>		Radiographic	Fluoroscopic
Heart Cath	_____	Rad therapy	_____	Nuclear Med	_____	Ultrasound	_____
						CT	_____
						MRI	_____

*This is to certify that, to the best of my knowledge and belief, all information contained herein, including any supplements attached hereto, is true and correct.*

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Title)

**Registration does not imply approval or disapproval of installation. Registration does not indicate compliance with all Idaho regulations as applicable to radiation machines. Inspection reports should be kept as evidence of compliance.**

Please mail the completed form to:

**Idaho Bureau of Laboratories  
Radiation Control Program  
2220 Old Penitentiary Road  
Boise ID 83712**

**\*\*\*LISTING OF MACHINES ON BACK OF FORM\*\*\***

## Radiographic Machine Registration

Machine /room	Machine Manufacturer	Control Model and Serial numbers	Machine Class *	Fixed or Mobile	Maximum kVp	Maximum mA	Number of tubes
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

\*Use the following Classifications:

- a. Radiographic b. Fluoroscopic c. Therapy d. Industrial e. Analytical f. Dental g. R/F unit h. Mammography i. CT  
 j. Bone Densitometry k. Hand held

Please use additional attached sheets or lists to complete listing of machines.