

**STATE of MAINE TEMPORARY REGISTRATION OF X-RAY
MACHINE**

REQUESTED START DATE

END DATE

FEE: \$30

(30 day max - registration not valid after this date)

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|-----------------------------|
| LOCATION OF TEMP USE |
| FACILITY : |
| ADDRESS : |
| STATE ID : |
| ROOM : |

| |
|-------------------------------------------------|
| Representative of Company That Owns Unit |
| NAME : |
| ADDRESS : |
| TELEPHONE: |
| EMAIL : |

| |
|-----------------------------------------|
| RAD SAFETY OFFICER (at Facility) |
| NAME : |
| EMAIL : |
| TELEPHONE: |

| |
|--------------------------------------------------------|
| Physician /Sup. in Charge of Demo / Loaned Unit |
| NAME : |
| EMAIL : |

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|-----------------------------------------------------|
| RADIATION MACHINE |
| MANUFACTURER : |
| MODEL NUMBER : |
| CONSOLE SERIAL: |
| TUBE SERIAL : |
| RATING MAX. kVp: |
| MAX. mA: |
| SUPPLIER : |
| INSTALLER: |
| SERVICE AGENT: |
| Stationary Port Mobile Hand held (circle one) |
| GEOG. LOCATION: |

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|--------------------------------------------------------------|
| RADIATION MACHINE |
| TYPE OF MACHINE: |
| Dental Radiographic |
| Fluoroscopic Intensifier |
| Cephalometric Panographic |
| Therapy Mammographic |
| Bone Densitometry |
| Computerized Tomography |
| Combination Fluoro - Radiographic |
| Combination PET - CT |
| Industrial |
| OTHER |

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|-----------------------------------------------------------------------------------------------|
| Reason for and duration of temporary use at this facility: (or include explanatory letter) |
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|-------------------|
| INSPECTION |
| DATE INSPECTED: |
| INSPECTED BY : |

_____/_____
(Maine Radiation Control Program Authorizing Signature / Date

Make check payable to: Treasurer, State of Maine -registration will not be processed or authorized until fee is received - mail completed form and all required supporting documentation to:

**Maine Radiation Control Program
286 Water Street - 4th Floor
11 State House Station
Augusta, Maine 04333
HHE-805A 03/2010**