

IOWA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF RADIOLOGICAL HEALTH

Registration # \_\_\_\_\_

REGISTRATION OF RADIATION EMITTING EQUIPMENT

1. FACILITY NAME:
2. STREET, CITY, & ZIP:
3. TELEPHONE NUMBER include area code: _____ email address: _____
4. CONTACT PERSON:
5. OWNER OF FACILITY:

EQUIPMENT DESCRIPTION (use additional sheets if necessary)

Type	Control Mfg.	Model #	Serial #	mA	kVp or MeV	Date Installed	Date of Mfg.	Room #

Installer/Service Agent: \_\_\_\_\_

Address: \_\_\_\_\_

641-39.3(7) Report of changes. The registrant shall notify the agency in writing before making any change which would render the information contained in the application for registration or the notice of registration no longer accurate.

641.39.3(9) Assembler and transfer obligation. Any person who sells, leases, transfers, lends, disposes of, assembles, or installs radiation machines in this state shall notify the agency within 15 days of (1) The name and address of persons who have received these machines; (2) The manufacturer, model number and serial number of each radiation machine transferred, and (3) The date of transfer of each radiation machine.

641-41.1(3) Administrative controls. The registrant shall be responsible for maintaining in accordance with manufacturer specifications and directing the operation of the x-ray system(s) under their control. The registrant shall ensure that the requirements of the rules are met in the operation of the x-ray system.

REGISTRATION DOES NOT IMPLY APPROVAL OR DISAPPROVAL OF THIS FACILITY NOR IS IT A LICENSE.

I have read and understand the requirements of the Iowa Rules. The information provided in this application is true to the best of my knowledge. I will notify the IDPH immediately of any changes in this application.

DATE: \_\_\_\_\_

Person responsible for administrative control of equipment

Send this signed form with the appropriate fee to:

Iowa Department of Public Health, Bureau of Radiological Health, Lucas State Office Bldg, 5<sup>th</sup> Fl, 321 East 12<sup>th</sup>, Des Moines, IA 50319.

For questions call: 515/281-8074

**INSTRUCTIONS FOR COMPLETION OF FORM FOR  
REGISTRATION OF RADIATION EMITTING EQUIPMENT**

The registration form, when properly completed and filed with the Bureau of Radiological Health of the Iowa Department of Public Health, constitutes registration of the units of ionizing radiation listed in accordance with the Code of Iowa, Chapter 641-39.3(136C). Complete registration consists of documents providing the information described in 39.3(3), the fee payment described in 38.8(1), and the shielding plan review described in 41.1(3)"d". Registration does not imply approval or disapproval of the unit(s) or the facility.

- A. Print clearly or type all answers.
- B. Return the form, fee, and shielding plans to: Iowa Department of Public Health, Bureau of Radiological Health, Lucas State Office Bldg, 5<sup>th</sup> Fl, 321 East 12<sup>th</sup>, Des Moines, IA 50319. For questions, please call 515/281-8074; e-mail: [ccraig@idph.state.ia.us](mailto:ccraig@idph.state.ia.us).
- C. A validated copy of the registration form will be returned to you as acknowledgment of registration.
- D. A \$25 fee will be assessed for each check returned for insufficient funds.

**ANNUAL FEE SCHEDULE**

	Per tube	Maximum fee per year
Medical/Osteo/Chiro	\$51	\$1500
Dentistry/Podiatry	\$39	\$1000
Veterinary	\$25	
Industrial/nonmedical use	\$50	
Food Sterilization	\$1000	
Accelerator	\$100	
RAM producing accelerator	\$500	
Electron microscope	\$20	
Bone Densitometer	\$25	

1. Enter the number corresponding to the principal type of equipment from the chart below.

01 general radiographic	02 general fluoroscopic	03 vertical cassette
04 tomographic	05 angiographic	06 podiatric
07 urologic	08 mammographic	09 rad/fluoro combo
10 head neck	11 mobile radiographic	12 mobile c-arm
13 mammo-other	14 CT scanner-whole body	15 vet radiographic
16 Vet fluoroscopic	17 stationary c-arm	18 simulator
19 other medical (specify)	20 panormaic	21 intraoral
22 cephalometric	23 bone densitometry	24 vet CT
29 other dental (specify)	30 superficial therapy	31 x-ray deep therapy
32 accelerator-therapy	33 vet therapy	39 other therapy (specify)
40 industrial accelerator	41 industrial radiographic	42 industrial analytic
43 industrial cabinet	44 electron microscope	49 industrial other (specify)
61 mfg of industrial equip		

- 2. Enter the manufacturer, model number, and serial for the control panel. If the panel controls more than one tube, specify the number of tubes the panel controls in the margin.
- 3. "mA" means maximum milliamperage for the unit. MeV of kVp means the peak tube potential of the unit.
- 4. The installer/service agent is the person/company that will perform the maintenance on your equipment according the manufacturer specifications.
- 5. No registration form will be processed without the proper signature of the person responsible for administrative control of the equipment.
- 6. The registration will expire 12 months from the month of issuance. Renewal notices are sent approximately 45 days prior to the date of expiration.