

Bureau of Radiation Control, Radiation Machine Section
RADIATION MACHINE FACILITY REGISTRATION

A. The information provided is to inform the bureau of:

New Facility Registration Changes to an existing registration – JR _____

B. ADDRESS INFORMATION for the physical location of the radiation machine(s)

Name of Facility posted at this location

Doctor or other responsible party at this location

Street Address of Facility (no PO Boxes, etc.)

Facility Telephone Number

City, State and Zip code

Facility FAX Number (optional)

County

E-mail address (optional)

C. BILLING/MAILING INFORMATION if different from address information

Billing/Mailing Name

Contact person for billing purposes

Billing/Mailing Address

Billing Telephone Number

Billing/Mailing City, State and Zip code

Billing FAX Number (optional)

If you have questions or need guidance on the registration process, please contact this office at:

Department of Health
Bureau of Radiation Control, Radiation Machine Section
4052 Bald Cypress Way, Bin C-21
Tallahassee, Florida 32399-1741
Phone: (850) 245-4888 ♦ Fax: (850) 617-6442
<http://www.floridahealth.gov/radiation>

All notices to the Department about a change to any circumstances or conditions stated in an application for a Radiation Machine Facility Registration, including an application for which such a registration has been issued, must be provided to the Department at the address or fax number listed above.

RADIATION MACHINE FACILITY REGISTRATION

D. NEW REGISTRANTS ONLY: Identify the facility category you are registering. If you meet more than one category, a separate registration form must be submitted for each facility category.

- HS Licensed as a Hospital under Chapter 395, Florida Statutes

- DI Diagnostic Imaging Center (accept outside referrals for diagnostic imaging services)

- MO Licensed as a Portable X-ray provider under 42 CFR, Part 486, Subpart C, sections 486.100 – 110 as administered by the Agency for Health Care Administration, State of Florida

- MA Screening/Diagnostic Mammography provider certified by the FDA under MQSA

- MB Biopsy Mammography only

- DS Dentist licensed under Chapter 466, Florida Statutes

- DC Chiropractic Physician licensed under Chapter 460, Florida Statutes

- DO Osteopathic Physician licensed under Chapter 459, Florida Statutes

- MD Medical Doctor licensed under Chapter 458, Florida Statutes

- PM Podiatric Physician licensed under Chapter 461, Florida Statutes

- AM Medical Accelerator

- TH Therapy treatment planners and other non-accelerator therapy related machines

- AN Industrial Particle Accelerator

- ED Educational Institution

- IN Industrial

- VM Veterinarian licensed under Chapter 474, Florida Statutes

RADIATION MACHINE FACILITY REGISTRATION

E. RADIATION MACHINE INFORMATION (use additional copies of this page if necessary)

1.	Manufacturer's Name	Model Name	Control Serial Number	Installation Date	Room
	<input type="checkbox"/> Machine recently installed (attach copy of installation form)		<input type="checkbox"/> Machine present at time of occupancy of facility		
	<input type="checkbox"/> Machine removed from this location		<input type="checkbox"/> Machine rendered inoperable		
	<input type="checkbox"/> Machine satisfies ANSI/HPS N43.17-2009 standards (manufacturer documentation enclosed)				
2.	Manufacturer's Name	Model Name	Control Serial Number	Installation Date	Room
	<input type="checkbox"/> Machine recently installed (attach copy of installation form)		<input type="checkbox"/> Machine present at time of occupancy of facility		
	<input type="checkbox"/> Machine removed from this location		<input type="checkbox"/> Machine rendered inoperable		
	<input type="checkbox"/> Machine satisfies ANSI/HPS N43.17-2009 standards (manufacturer documentation enclosed)				
3.	Manufacturer's Name	Model Name	Control Serial Number	Installation Date	Room
	<input type="checkbox"/> Machine recently installed (attach copy of installation form)		<input type="checkbox"/> Machine present at time of occupancy of facility		
	<input type="checkbox"/> Machine removed from this location		<input type="checkbox"/> Machine rendered inoperable		
	<input type="checkbox"/> Machine satisfies ANSI/HPS N43.17-2009 standards (manufacturer documentation enclosed)				
4.	Manufacturer's Name	Model Name	Control Serial Number	Installation Date	Room
	<input type="checkbox"/> Machine recently installed (attach copy of installation form)		<input type="checkbox"/> Machine present at time of occupancy of facility		
	<input type="checkbox"/> Machine removed from this location		<input type="checkbox"/> Machine rendered inoperable		
	<input type="checkbox"/> Machine satisfies ANSI/HPS N43.17-2009 standards (manufacturer documentation enclosed)				

F. COMMENTS: Please use the following space to enter additional information

G. The signer below hereby acknowledges:

- 1) The applicant, has carefully read the foregoing application and answered all parts completely, without reservations of any kind;
- 2) The applicant's registration, radiation machines and machine operators are governed by Chapters 404 and 468, Part IV, Florida Statutes, and Florida Administrative Code Chapters 64E-5 and 64E-3, available at <http://www.floridahealth.gov/radiation>;
- 3) The applicant agrees to abide by all the above statutes and regulations and to permit the Department of Health (DOH) or its duly authorized representative, at all reasonable times, the opportunity to inspect the applicant's registration, facility, operators, and machines;
- 4) The applicant will immediately notify and inform DOH of any material change in any circumstances or conditions stated in this application which takes place between the initial filing and the final granting or denial of the registration;
- 5) The applicant will notify and inform DOH of any change to any circumstances or conditions stated in this application which may take place after the registration is granted, and that such notice will be provided to DOH within 30 days of said change;
- 6) The applicant or the applicant's delegate has authority to execute this application.

Signature

Title or Position

Print Name

Date