

REGISTRATION NUMBER: \_\_\_\_\_

**X-Ray Machine Information**

Machine TYPE [Indicate with an X in the appropriate square(s)]:  
 General diagnostic radiographic  General purpose fluoroscopic or combination radiographic/fluoroscopic  Mammographic  
 C-Arm fluoroscopic  CT Head Scanner  CT Whole Body Scanner  Accelerator/Medical  Bone Densitometry  Volumetric Dental  
 Dental Intraoral  Dental Panoramic  Dental Cephalometric  Podiatry  Veterinary/Radiographic  Veterinary/Fluoroscopic  Handheld Unit  
 Mobile (describe): \_\_\_\_\_  Industrial radiographic machine  Accelerator/Industrial  Analytical  Other (describe) \_\_\_\_\_

Fixed Unit  Portable  Mobile Vehicle  Other: \_\_\_\_\_

Control Location/Rm#:	Control Mfg:	Control Model:	Control s/n:	Control Date of Mfg.:
Tube Identification #:	Tube Mfg:	Tube Model:	Tube s/n:	Tube Date of Mfg.:
Date of Installation:	Blue Certification Label #:	Exp. Date on Blue Label:		

Misc. Comments:

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