



**COLORADO**

Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

**Form R-61 Disposition of Radiation Machines**

Please follow the instructions on the last page of this document to properly complete this form.

**Owner and Facility Information**

X-Ray Facility Registration No:		Application Date:	
Legal Business Name:			Phone Number:
Doing Business As:			
Facility Address:			
City:		State:	Zip Code:
Facility Mailing Address: (If different from above)			
City:		State:	Zip Code:

**X-RAY MACHINE INFORMATION**

Blue Certification Label #:		Expiration Date on Blue Label:	
Room #	X-Ray Machine Mfg:	X-Ray Machine Model:	X-Ray Machine Serial no:

Please describe the type of machine:

Choose the appropriate disposition category. Please mark the appropriate box and provide the contact information for the transferee.

<input type="checkbox"/> Disabled in Storage (Inactive); <u>STILL</u> in possession;  <b>NOTE: You must attach a signed document from a Colorado-registered Service Company stating that the radiation machine has been disabled such that the machine is not capable of producing radiation.</b>	<input type="checkbox"/> Transferred, sold, or traded in; <u>NOT</u> in possession	<input type="checkbox"/> Disposed/discarded; <u>NOT</u> in possession
	Provide Name & Address below of the recipient of the radiation machine described below. Name: _____  Address: _____  Phone: _____	

Are there other machines remaining at your facility?  YES  NO Number of x-ray machines still in use: \_\_\_\_\_

As owner or representative, I certify that this application is prepared in conformity with the Colorado Rules and Regulations Pertaining to Radiation Control (6 CCR 1007-1) and that all information contained herein, including any attachments, is true and correct to the best of my knowledge and belief.

Owner/Registrant Signature	Date
----------------------------	------

For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed name, title, and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per §18-8-306, C.R.S., it is a felony to submit false information to a state official.

Are you attaching an R-61a for disposition of additional machines?  YES  NO



**COLORADO**

Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

**R-61a Machine Disposition Supplemental Page**

Please use this page to document the disposition of additional x-ray machines for your facility.

X-Ray Facility Registration No: \_\_\_\_\_

**X-RAY MACHINE INFORMATION**

Blue Certification Label #:		Expiration Date on Blue Label:	
-----------------------------	--	--------------------------------	--

Room #	X-Ray Machine Mfg:	X-Ray Machine Model:	X-Ray Machine Serial no:
--------	--------------------	----------------------	--------------------------

Please describe the type of machine:

**Choose the appropriate disposition category. Please mark the appropriate box and provide the contact information for the transferee.**

<input type="checkbox"/> Disabled in Storage (Inactive); <u>STILL</u> in possession;  <b>NOTE: You must attach a signed document from a Colorado-registered Service Company stating that the radiation machine has been disabled such that the machine is not capable of producing radiation.</b>	<input type="checkbox"/> Transferred, sold, or traded in; <b>NOT</b> in possession	<input type="checkbox"/> Disposed/discarded; <b>NOT</b> in possession
	Provide Name & Address below of the recipient of the radiation machine described below.  Name: _____  Address: _____  Phone: _____	

**X-RAY MACHINE INFORMATION**

Blue Certification Label #:		Expiration Date on Blue Label:	
-----------------------------	--	--------------------------------	--

Room #	X-Ray Machine Mfg:	X-Ray Machine Model:	X-Ray Machine Serial no:
--------	--------------------	----------------------	--------------------------

Please describe the type of machine:

**Choose the appropriate disposition category. Please mark the appropriate box and provide the contact information for the transferee.**

<input type="checkbox"/> Disabled in Storage (Inactive); <u>STILL</u> in possession;  <b>NOTE: You must attach a signed document from a Colorado-registered Service Company stating that the radiation machine has been disabled such that the machine is not capable of producing radiation.</b>	<input type="checkbox"/> Transferred, sold, or traded in; <b>NOT</b> in possession	<input type="checkbox"/> Disposed/discarded; <b>NOT</b> in possession
	Provide Name & Address below of the recipient of the radiation machine described below.  Name: _____  Address: _____  Phone: _____	



**General Instructions Form R-61**  
**Disposition of Radiation Machines**

The Colorado *Rules and Regulations Pertaining to Radiation Control* (Regulations), 6 CCR 1007-1, Part 2, 2.3.4, requires registrants to notify the Department when any x-ray machine is removed from operation. The Form R-61, “Disposition of Radiation Machines” must be used to notify the Department when a radiation machine is sold, traded for a new machine, donated, properly disposed of, or put into storage at the facility.

This form may be completed electronically. Required fields are indicated by a red box. Please complete all of the Owner and Facility Registration Information section. If you have multiple facilities, please use a separate form for each facility.

Please identify the x-ray machine that you want removed from your facility inventory. The “Blue Certification Label” sticker affixed to the x-ray machine has a certification label number and expiration date. Both label number and expiration date must be on the disposition form. Include all pertinent information as to the manufacturer, model, and serial numbers used to identify the equipment. Describe the type of machine, such as General Diagnostic, Computed Tomography, Dental intraoral, etc. For additional machines, please use the **R-61a Machine Disposition Supplemental Page**.

Disposition Category Descriptions.

- a. **Disabled in Storage (Inactive)** – Choose this for a machine that is still in the possession of the Registrant but is not in use (i.e. “storage”). The machine must be disabled by a Colorado-registered Service Company to be approved for this status category. The registrant must attach a work order (or equivalent) from a Colorado-registered Service Company that states when the machine was disabled. The machine will be designated as “Inactive” and will be exempt from certification evaluations required under Part 2, Section 2.5.1 as long as the machine is in storage. Facilities with x-ray machines in storage must pay the Facility Registration Fee required in Part 12 of the Regulations. To restore the machine back to “active”, a Colorado-registered service company must install the machine and a Colorado-registered Qualified Inspector must certify the machine’s performance.
- b. **Transferred, sold, or traded** - Registrant must provide the name and address of the person or company who took possession of the machine. If a third party (broker) is being used to transfer the machine, the registrant must provide contact information for the broker.
- c. **Disposed of unit/discarded** - When disposing of an x-ray machine, the machine must be made physically inoperable by dismantling the electrical circuitry such that the machine is not capable of producing radiation. Registrant must provide information on the method of disposal and the name and address of the recycling company. Please note that x-ray machines are considered electronic waste and cannot be disposed of in a landfill.

If you have questions about this form or process, please call Christine Irving at (303) 692-3448 or send an email to [CDPHE.HMxraycomments@state.co.us](mailto:CDPHE.HMxraycomments@state.co.us). When complete, please email this form to [CDPHE.HMxraycomments@state.co.us](mailto:CDPHE.HMxraycomments@state.co.us). Please allow two to three weeks for processing.