



APPLICATION FOR REGISTRATION OF A NEW RADIATION MACHINE FACILITY

PLEASE READ ATTACHED INSTRUCTIONS PRIOR TO COMPLETING

1. FACILITY:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

2. OWNER OF RADIATION MACHINE/EQUIPMENT:

Name: \_\_\_\_\_ EIN or Social Security No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

3. HEALING ARTS RADIATION USE ONLY:(Includes Chiropractic, Dental, Medical, Veterinary, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Principal Supervisor for use of x-ray equipment)

Delaware Professional Board License Number. \_\_\_\_\_

4. INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION: (RADIATION SAFETY OFFICER)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

5. RADIATION SERVICE COMPANY: (for installation, calibration, consultation, etc.)

Company Name: \_\_\_\_\_

Company's Delaware Registration No. \_\_\_\_\_

6. RADIATION PROCEDURES PERFORMED AT THE FACILITY: (check all that apply)

None: Equipment Stored

Particle Accelerator

Analytical

Angiography

Bone Densitometry

Cephalometric

Chest Study

Chiropractic

Contrast Media Studies

CT Scans

Dental Intraoral

Educational

Fluoroscopy

Head Unit

Industrial

Industrial Cabinet

General Radiography

Mammography

Orthopedic

Panographic

Podiatry

Radiation Therapy

Screening Cabinet

Special Procedures

Spine

Veterinary

7. ANNUAL X-RAY MACHINE REGISTRATION FEE SCHEDULE

X-Ray machine registration fees are billed on an annual basis as established in Delaware law on June 26, 2008. **Do not send payment at this time.**

Category	Fee (\$)	Description
I	1,370	Facilities with a total of five or more of the medical modalities or non-medical modalities listed below.
II	1,030	Facilities with a total of three or four of the medical modalities or non-medical modalities listed below.
III	690	Facilities with two of the medical modalities listed below.
IV	275	Facilities with one of the medical modalities listed below, <b>and</b> an annual patient workload of 750 examinations or more.
V	140	Facilities with one of the medical modalities listed below, <b>and</b> an annual patient workload of less than 750 examinations, <b>or</b> all other radiation installations with one or two of the non-medical modalities listed below except as listed under Category VI.
VI	75	Dental, podiatric, bone densitometry or veterinary installations.

For purposes of the fee schedule set out above, the following definitions apply:

“Medical Modalities” means radiography, fluoroscopy, computed tomography, angiography, stereotactic breast biopsy systems, and radiation therapy, utilized in humans.

“Non-medical Modalities” means radiography, fluoroscopy, analytical equipment (including fluorescence analysis and x-ray diffraction equipment), computed tomography, and particle accelerators, not utilized on humans.

**Please check ALL of the following modalities that apply to this facility:**

Medical Modalities: (utilized on humans)

- Angiography
- Computed Tomography
- Fluoroscopy
- Radiation Therapy
- Radiography
- Stereotactic Breast Biopsy Systems

Non-medical Modalities: (not utilized on humans)

- Analytical Equipment
- Computed Tomography
- Fluoroscopy
- Particle Accelerators
- Radiography

Other Modalities:

- Bone Densitometry
- Dental
- Podiatric
- Veterinary

8. **RADIATION INFORMATION:** (List radiation machines located at the facility)  
 Continuation of requested information may be provided on a separate sheet.

X-ray Tube No.	Name of Manufacturer of Tube Housing Assembly (THA)	Serial Number (SN) of Tube Insert (TI) [If "TI" is not available, then give "SN" of Tube Housing Assembly "THA"]	Installed Month/ Year	kVp Max	mA Max	Room	Tube Status* <b>IN, AC, ST, OR DI ONLY</b>
1							
2							
3							
4							
5							
6							
7							
8							
9							

\* Tube Status ( IN=Installed, AC=Activated/In Use, ST= Stored, DI=Disposed )

I certify that the information provided is true to the best of my knowledge.

9. SIGNATURE OF OWNER/OPERATOR : \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME (LEGIBLY): \_\_\_\_\_

The official Notice of Registration will be mailed to the address given in Item 1. Completed applications should be mailed to:

Delaware Office of Radiation Control  
417 Federal Street  
Dover, DE 19901

In order to facilitate processing, be sure that all items on the application have been completed before sending to the agency. Incomplete applications will be returned. Please allow a minimum of (3) weeks for processing. Applicants should retain a copy for their records.

**Please note that renewal or amendment of a facility permit is NOT linked to the annual fee billing process. Do not submit payment with this application form. You will receive an invoice for payment in the mail, in September.**

If you have any questions, contact the Office of Radiation Control at 302-744-4546. To download forms or obtain a copy of the regulations, visit our web site at <http://www.dhss.delaware.gov/dhss/dph/hsp/orc.html>.

## INSTRUCTIONS FOR APPLICATION FORM ORC-R1

<b>ITEM #</b>	<b>INSTRUCTIONS/DEFINITIONS</b>
<b>1. FACILITY</b>	Facility means the location at which one or more x-ray systems are installed and/or located within one building or vehicle, and are under the same administrative control. The owner (item 2) is responsible for providing the complete address (include department number and/or name of the department head) of the intended recipient of the official registration. The official Notice of Registration will be mailed to the address given in item 1.
<b>2. RADIATION MACHINE OR X-RAY EQUIPMENT OWNER</b>	Enter the name of the individual/person who owns/leases the radiation machine/x-ray equipment or an authorized designee. If the owner designates another individual as "owner"; a copy of the written designation should be enclosed with this application. The machine/equipment "owner" is the applicant and signs Form ORC-R1. <b>An IRS tax identification number is required, either employer identification number (EIN) or social security number. The "owner" is the individual who submits a request for termination if the facility closes and discontinues business.</b>
<b>3. X-RAY EQUIPMENT USE SUPERVISOR (Healing Arts Only)</b>	Enter the name of the individual responsible for initiating use of x-ray equipment at the facility, i.e. the doctor who orders/prescribes the radiograph or radiologic procedure is the supervisor. The regulations require that x-ray equipment be used by or under the supervision of an individual who is licensed to practice the healing arts by the State of Delaware.
<b>4. RADIATION PROTECTION</b>	The regulations require that each person applying for registration of an x-ray facility designate on the application form an individual to be responsible for radiation protection. Provide the required information for the individual who is responsible for the daily radiation safety activities established for the facility. If that individual is the healing arts facility supervisor, enter the words same as healing arts facility.
<b>5. RADIATION SERVICE COMPANY</b>	The regulations require each registrant to prohibit a non-registered company from servicing their radiation equipment or facility. Specify the name and Delaware Registration Number of the Radiation Service Provider that services your equipment/facility.
<b>6. RADIATION PROCEDURES PERFORMED</b>	Specify exactly which radiation examination(s) or use(s) are performed at the facility by checking the appropriate item(s). The conditions of your facility's registration and/or Certificate of Approval for a new or renovated facility will be limited to those specific procedures for which your facility has applied for registration.

**INSTRUCTIONS FOR APPLICATION FORM ORC-R1 (cont.)**

ITEM #	INSTRUCTIONS/DEFINITIONS
<p><b>7. ANNUAL X-RAY MACHINE REGISTRATION FEE SCHEDULE</b></p>	<p>X-Ray machine registration fees are billed on an annual basis as established in Delaware law on June 26, 2008. <b><u>Do not send payment at this time.</u></b> Owners of multiple radiation machine facilities will be invoiced for one single bill, which will consolidate multiple facility fees into one bill. The registration permit fee charged will be determined from this section of the registration form, so it is important to check the category(s) that accurately describe(s) the organizations' radiation machine facilities. For example, a hospital may utilize five or more medical modalities (category 1) and also utilize dental modalities (category 6), and would check both categories. <b>Facilities will be billed regardless of inventory status (ie. stored or disposed) until the owner s application to terminate the facility permit is complete.</b></p>
<p><b>8. RADIATION MACHINES, X-RAY EQUIPMENT OR SYSTEMS INFORMATION</b></p>	<p>X-ray system: An assemblage of components for the controlled production of x-rays. It includes minimally an x-ray high voltage generator, an x-ray control, a tube housing assembly, a beam limiting device, and the necessary supporting structure; a.k.a., x-ray equipment. Complete the equipment list by numbering each tube or system consecutively beginning with 1.</p> <p>Tube Housing Assembly (THA): the tube housing assembly contains the x-ray tube insert defined in DRCR.* On dental "THA" this serial number is usually found on the back of the "THA" or on the supporting structure for the "THA" . X-ray Tube or Tube Insert (TI): Any electron tube which is designed to be used primarily for the production of x-rays as defined in DRCR.* For dental x-ray equipment, this serial number is usually next to the "THA" serial number. (see above). Tube status categories include Installed, Activated/In Use, Stored, or Disposed.</p>
<p><b>9. SIGNATURE OF APPLICANT</b></p>	<p>The owner/Leasee of the radiation machine must sign and date the application; form ORC-R1. The registration is not valid until a "Notice of Registration" has been issued. A copy will be sent to the facility address specified in Item 1..</p>

\*Refers to the Delaware Radiation Control Regulations (DRCR).