



**APPLICATION FOR TERMINATION OF A RADIATION MACHINE FACILITY**

**PLEASE READ ATTACHED INSTRUCTIONS PRIOR TO COMPLETING**

1. **FACILITY:**

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

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

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

Registration Number: \_\_\_\_\_ 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. 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

7. RADIATION INFORMATION: (List radiation machines located at the facility for disposal)  
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>DI ONLY</b>
1							
2							
3							
4							
5							
6							

\* Tube Status (DI=Disposed )

8. DISPOSAL INFORMATION

The radiation machine inventory was disposed of by (check one):

Transfer to other permitted facility. X-ray registration no. \_\_\_\_\_

Sale

Salvage / Scrap

Photocopy of disposal document is attached                    Y                     N

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 completed termination form 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 termination form have been completed before sending to the agency. Incomplete forms will be returned. Applicants should retain a copy for their records.

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 TERMINATION FORM ORC-R1D

<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>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>ITEM #</b>	<b>INSTRUCTIONS/DEFINITIONS</b>
<b>6. RADIATION MODALITIES THAT APPLY TO THE FACILITY</b>	<p>Please check ALL of the following modalities that apply to this facility:  “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 electron microscopes, fluorescence analysis and x-ray diffraction equipment), computed tomography, and particle accelerators, not utilized on humans.</p>
<b>7. RADIATION MACHINES, X-RAY EQUIPMENT OR SYSTEMS INFORMATION</b>	<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 category includes Disposed.</p>
<b>8. DISPOSAL INFORMATION</b>	<p>Submit photocopy of document specifying how the radiation machine inventory was disposed of (transfer or sale to another permitted facility, or salvage/scrap to a commercial disposal firm).</p>
<b>9. SIGNATURE OF APPLICANT</b>	<p>The owner/Leasee of the radiation machine facility must sign and date the application; form ORC-R1D. The Termination is not valid until all items are complete on the termination form and received.</p>

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