



REGISTRATION RADIATION MACHINE INSTALLATION

ILLINOIS EMERGENCY MANAGEMENT AGENCY -
DIVISION OF NUCLEAR SAFETY
1035 OUTER PARK DR
SPRINGFIELD, IL 62704

	ORIGINAL REGISTRATION
	AMEND REGISTRATION
	change of operator/address
	change of equipment

REGISTRATION NUMBER					
9					
IEMA will assign if new					

The following information is provided in accordance with 32 Ill. Adm. Code 320.10(a) regarding radiation machines.

OPERATOR: (Name and Title)			
FACILITY NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
FEIN/TAX FILING #:	TELEPHONE:		
E-MAIL:	FAX:		

EQPT. REF. NUMBER:					Check here if new:
MANUFACTURER NAME:					
MODEL NAME/NUMBER:					
CONTROL SERIAL NUMBER:					
ACQUISITION DATE:					
LOCATION:					
STATUS OF UNIT:	Operable	Inoperable	Stored		
	Sold to supplier	Junked	Traded		
Sold / Private:					
UNIT TYPE:	radiographic	flourosopic	dual purpose		
	mobile	therapy	dental		
	CT	mammography	industrial		

EQPT. REF. NUMBER:					Check here if new:
MANUFACTURER NAME:					
MODEL NAME/NUMBER:					
CONTROL SERIAL NUMBER:					
ACQUISITION DATE:					
LOCATION:					
STATUS OF UNIT:	Operable	Inoperable	Stored		
	Sold to supplier	Junked	Traded		
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UNIT TYPE:	radiographic	flourosopic	dual purpose		
	mobile	therapy	dental		
	CT	mammography	industrial		

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 420 ILCS 40/1 - 40/44 (1992). Disclosure of this information is required. Failure to provide any information will result in this form not being processed and is a Class A misdemeanor. This form has been approved by the Forms Management Center.

PRINT OR TYPE NAME

SIGNATURE

DATE

REGISTRATION RADIATION MACHINE INSTALLATION

REGISTRATION NUMBER 9

EQPT. REF. NUMBER:				Check here if new:	
MANUFACTURER NAME:					
MODEL NAME/NUMBER:					
CONTROL SERIAL NUMBER:					
ACQUISITION DATE:					
LOCATION:					
STATUS OF UNIT:		<input type="checkbox"/> Operable	<input type="checkbox"/> Inoperable	<input type="checkbox"/> Stored	
<input type="checkbox"/> Sold to supplier		<input type="checkbox"/> Junked		<input type="checkbox"/> Traded	
<input type="checkbox"/> Sold / Private:					
UNIT TYPE:	<input type="checkbox"/> radiographic	<input type="checkbox"/> flourosopic	<input type="checkbox"/> dual purpose		
	<input type="checkbox"/> mobile	<input type="checkbox"/> therapy	<input type="checkbox"/> dental		
	<input type="checkbox"/> CT	<input type="checkbox"/> mammography	<input type="checkbox"/> industrial		

EQPT. REF. NUMBER:				Check here if new:	
MANUFACTURER NAME:					
MODEL NAME/NUMBER:					
CONTROL SERIAL NUMBER:					
ACQUISITION DATE:					
LOCATION:					
STATUS OF UNIT:		<input type="checkbox"/> Operable	<input type="checkbox"/> Inoperable	<input type="checkbox"/> Stored	
<input type="checkbox"/> Sold to supplier		<input type="checkbox"/> Junked		<input type="checkbox"/> Traded	
<input type="checkbox"/> Sold / Private:					
UNIT TYPE:	<input type="checkbox"/> radiographic	<input type="checkbox"/> flourosopic	<input type="checkbox"/> dual purpose		
	<input type="checkbox"/> mobile	<input type="checkbox"/> therapy	<input type="checkbox"/> dental		
	<input type="checkbox"/> CT	<input type="checkbox"/> mammography	<input type="checkbox"/> industrial		

EQPT. REF. NUMBER:				Check here if new:	
MANUFACTURER NAME:					
MODEL NAME/NUMBER:					
CONTROL SERIAL NUMBER:					
ACQUISITION DATE:					
LOCATION:					
STATUS OF UNIT:		<input type="checkbox"/> Operable	<input type="checkbox"/> Inoperable	<input type="checkbox"/> Stored	
<input type="checkbox"/> Sold to supplier		<input type="checkbox"/> Junked		<input type="checkbox"/> Traded	
<input type="checkbox"/> Sold / Private:					
UNIT TYPE:	<input type="checkbox"/> radiographic	<input type="checkbox"/> flourosopic	<input type="checkbox"/> dual purpose		
	<input type="checkbox"/> mobile	<input type="checkbox"/> therapy	<input type="checkbox"/> dental		
	<input type="checkbox"/> CT	<input type="checkbox"/> mammography	<input type="checkbox"/> industrial		

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UNIT TYPE:	<input type="checkbox"/> radiographic	<input type="checkbox"/> flourosopic	<input type="checkbox"/> dual purpose		
	<input type="checkbox"/> mobile	<input type="checkbox"/> therapy	<input type="checkbox"/> dental		
	<input type="checkbox"/> CT	<input type="checkbox"/> mammography	<input type="checkbox"/> industrial		

COMMENTS:
