



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 CODE:
COUNTY:	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:	<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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	<input type="checkbox"/>	CT	<input type="checkbox"/>	mammography	<input type="checkbox"/>	industrial			

IEMA use only
CATEGORY:
REGION:

 PRINT OR TYPE NAME

 PRINT OR TYPE TITLE

 SIGNATURE

 DATE

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.

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COMMENTS:
