

Texas Department of State Health Services

#### INDUSTRIAL RADIATION MACHINE REGISTRATION APPLICATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES RADIATION SECTION – REGISTRATION BRANCH

Mail Code 2003 Phone #: (737) 218-7110 P.O. Box 149347 Fax #: (512) 206-3787 Austin, Texas 78714-9347 email: XrayRegistration@dshs.texas.gov

- Retain a completed copy of the application for your records.
- Additional forms may be required. See page 4 for instructions and requirements.

TYPE OF ACTION:	New Registra	ation		
Registration Number:	R	(Required for	r any of the below ac	ctions)
Business Name Ch	ange Delete Ec	ıuipment	me Change Additional Use Loca	ation Billing
LEGAL BUSINESS NAME	as filed with t	he Texas Secreta	ry of State:	
ASSUMED NAME (dba),	if applicable:			
RADIATION SAFETY OFF	ICER:			
Name:		Title:		
Phone #:		Extens	ion #:	
Email address: (required All correspondence will be	)			
All correspondence will be	sent to this em	ail address. Ensure	this email address is r	monitored
BUSINESS MAILING ADD	DRESS:			
Phone #:		Fax #:		
Street Address:			_ City:	
State:	Zip:	Coun	ty <i>:</i>	
BILLING ADDRESS:	Same as business mailing address			
Phone #:				
Street Address:			_ City:	

7. PHYSICAL LOCATION & RADIATION  Copy and complete this page for each ac	N MACHINE INFORMATION:  Idditional location where radiation machines are located.
PHYSICAL LOCATION IN TEXAS:	SITE #:
Street Address:	
City:	Zip:
County:	Phone #:

# **RADIATION MACHINE INFORMATION:**

Enter the total number of radiation machines in each category at this location.

LEGAL BUSINESS NAME:

Total No. of	Padiation Machine Description			
Machines	Radiation Machine Description			
	Category Code 572: Minimal Threat Machine			
	X-Ray Fluorescence (closed beam)			
	Certified Cabinet			
	Package			
	X-Ray Diffraction (closed beam)			
	Particle Size Analyzer			
	Ion-Implant			
	Electron Beam Welding			
	Cathodoluminescence			
	X-Ray Gauge			
	Category Code 573: Other Industrial Machine			
	Portable/Handheld X-Ray Fluorescence (XRF) or Positive Material Identification (PMI) (open beam)			
	Full Body Scanner			
	Industrial Accelerator			
	Flash X-Ray (Law enforcement) Portable Stationary			
	Research (non-human/non-live animal use)			
	Morgues/Forensics (non-human/non-live animal use)			
	Fluoroscopy X-Ray			
	Spectrography X-Ray			
	X-Ray Diffraction (open beam)			
	Education (non-human/non-live animal use)  Medical Dental Veterinary			
	Category Code 576: Medical Radiographic			
	Industrial Radiography (IR) Non-Destructive Testing (NDT)			
	562 Temporary Job Sites			
	572 Certified Cabinet used for IR			
	880 Fixed Site			
	880 Accelerator used for IR			

LEGAL BUSINESS NAME:	R			
SIGNATURES: Digital signatures must be certified to be accepted.  This application is to be signed by the Radiation Safety Officer				
8. RADIATION SAFETY OFFICER (RSO) SIGN I certify that I will fulfill the duties and accept the Texas Administrative Code (TAC) §289.226.  I certify that all the information provided herein is and will comply with all applicable provisions of 289.	e responsibilities of the RSO as required in 25 true and correct to the best of my knowledge			
Typed or printed name of RSO	Title			
Signature	Date			

# This page is for information only and SHOULD NOT be returned.

Correspondence, including certificates, is sent by email only to the Radiation Safety Officer. Ensure that the email address provided is monitored.

Direct any questions to: <u>XrayRegistration@dshs.texas.gov</u>

For additional information or documents visit:

https://www.dshs.state.tx.us/radiation/x-ray/industrial.aspx

#### **NEW APPLICATIONS AND FEES:**

- See fee schedule RC 204
- Mail application packet and fees to address on page 1
- Business Information Form
- RSO Form

# **INDUSTRIAL RADIOGRAPHY:**

Operating & Safety Procedures

#### **FULL BODY SCANNER:**

Operating & Safety Procedures

#### **RECIPROCITY:**

- Business Information Form
- RSO Form
- Copy of current State license or equivalent
- Operating & Safety Procedures

### **RENEWALS:**

- Business Information Form
- RSO Form

#### **RADIATION SAFETY OFFICER CHANGES:**

RSO Form

## **NAME CHANGES:**

Business Information Form

## **ACCELERATOR:**

Submit the required information and receive a Certificate of Registration before operating the machine(s).

RC 229-01 Registration of Accelerators