



MAMMOGRAPHY UNIT TRANSFER/DISPOSAL FORM

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
RADIATION SAFETY LICENSING BRANCH
P.O. Box 149347
Austin, Texas 78714-9347

Phone #: (512) 834-6688 ext. 2225
Fax #: (512) 834-6717

DO NOT use this form to terminate your certification.

Keep all installation and transfer/disposal records on-site for inspection purposes.

Certification Number: **M** _____

Accredited by: STX

ACR

Legal Name of Facility: _____

Address: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

MAMMOGRAPHY UNIT DATA

Complete the following information for each mammography unit which is no longer in use. The mammography unit name and serial number must match those listed on the Certification of Mammography Systems.

1. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

2. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

3. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

4. Mammography Unit: Stored/Inoperable Transferred/Sold Disposed **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

SIGNATURE of the applicant, or person duly authorized to act on behalf of the applicant:

(Example: RSO, President, Registered Agent, CEO, COO, CFO, Partner, and Owner)

I certify that the information on this form is true and correct.

PRINTED NAME

PRINTED TITLE

SIGNATURE

DATE

ADDITIONAL EQUIPMENT INFORMATION

Certification Number: M

5. Mammography Unit: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

6. Mammography Unit: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

7. Mammography Unit: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

8. Mammography Unit: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

9. Mammography Unit: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____

10. Mammography Unit: **Stored/Inoperable** **Transferred/Sold** **Disposed** **Date:** _____

Manufacturer: _____ Model Name: _____ Serial #: _____

Transferred To: _____

Address Transferred/Disposed/Stored: _____