



**STATE OF VERMONT**  
**Agency of Human Services**  
**Vermont Department of Health**

**REGISTRATION OF RADIATION-PRODUCING MACHINES**

**THIS FORM MUST BE COMPLETED AND RETURNED TO RECEIVE A REGISTRATION CERTIFICATE**

IF YOU DO NOT HAVE ANY X-RAY MACHINES CHECK HERE, FILL OUT ONLY SECTION ONE AND RETURN

Return to: VERMONT DEPARTMENT OF HEALTH  
 RADIOLOGICAL HEALTH  
 108 CHERRY STREET  
 P.O. BOX 70  
 BURLINGTON, VT 05402-0070

Please print or type the information requested below and sign your name.

**SECTION ONE:**

Applicant's/Corporation's Legal Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Registrant/Responsible Party Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION TWO:**

Type of Facility (select all that apply):

- |                                   |                                     |                                       |                                     |
|-----------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Dental   | <input type="checkbox"/> Medical    | <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Veterinary |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Industrial | <input type="checkbox"/> Educational  | <input type="checkbox"/> Mobile     |
| <input type="checkbox"/> Podiatry |                                     |                                       |                                     |

Is this equipment shared?  Yes  No  
 If so, with whom? \_\_\_\_\_

Type of Imaging?  Film  Digital

**Please enter information about radiation-producing machines on reverse**

## REGISTRATION OF RADIATION-PRODUCING MACHINES

### SECTION THREE:

**RADIATION PRODUCING MACHINES** (for x-ray equipment, indicate **NUMBER** of x-ray tubes that are part of a complete system)

#### MEDICAL/CHIROPRACTIC/PODIATRIC

\_\_\_\_\_ Radiographic  
\_\_\_\_\_ Fluoroscopic  
\_\_\_\_\_ Combination Radiographic/Fluorographic  
\_\_\_\_\_ Therapeutic  
\_\_\_\_\_ CT Scanner  
\_\_\_\_\_ PET/CT  
\_\_\_\_\_ SPECT/CT  
\_\_\_\_\_ Mobile Radiographic  
\_\_\_\_\_ Bone Densitometer  
\_\_\_\_\_ Mammographic  
\_\_\_\_\_ Medical Accelerator \*  
\_\_\_\_\_ C-arm  
\_\_\_\_\_ Lithotripter  
\_\_\_\_\_ Medical Other (Specify)

#### INDUSTRIAL

\_\_\_\_\_ Radiographic  
\_\_\_\_\_ Industrial Radiographic  
\_\_\_\_\_ Cabinet/Baggage Inspection  
\_\_\_\_\_ Analytical: Diffraction  
\_\_\_\_\_ Analytical: XRF, SPECT  
\_\_\_\_\_ Analytical XRF Handheld (x-ray tube)  
\_\_\_\_\_ Analytical XRF Handheld (radioactive source)  
\_\_\_\_\_ Fluoroscopic, No Cabinet  
\_\_\_\_\_ Blood Irradiator  
\_\_\_\_\_ Industrial Accelerator \*  
\_\_\_\_\_ Gauging  
\_\_\_\_\_ Electron Microscope

#### DENTAL

\_\_\_\_\_ Intra-oral  
\_\_\_\_\_ Portable Intra-oral  
\_\_\_\_\_ Cephalometric  
\_\_\_\_\_ Panoramic  
\_\_\_\_\_ Panoramic/Cephalometric  
\_\_\_\_\_ 3-D CT/Cone Beam CT

#### VETERINARY

\_\_\_\_\_ Radiographic  
\_\_\_\_\_ Dental  
\_\_\_\_\_ Portable Radiographic  
\_\_\_\_\_ CT Scanner

#### EDUCATIONAL/RESEARCH

\_\_\_\_\_ Analytical: Diffraction  
\_\_\_\_\_ Gauging  
\_\_\_\_\_ Radiographic/Fluorographic  
\_\_\_\_\_ Spectrometer/Fluorographic  
\_\_\_\_\_ Cathode Ray Demo  
\_\_\_\_\_ Hi-Voltage/Vacuum  
\_\_\_\_\_ Ion-Implant

#### NON-MEDICAL OTHER

Specify:

\*For users of accelerators only - Please provide make, model, and energy for each accelerator at your facility.