

Ohio Department of Health  
 X-ray Registration  
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 Columbus, OH 43215  
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## Out-of-State Owners & Temporary Usage of X-ray Equipment in the State of Ohio Reporting Requirements

*Must be submitted at a minimum three (3) days prior to the event*  
*Exact dates radiation-generating equipment (RGE) will be in the State of Ohio*

Beginning Date:	Ending Date:
Explanation of event, demonstration, training, installation or loaner RGE:	

Additional Page Attached

**Assembler (Category 12) / Vendor/Seller/Broker**

**RGE Location in Ohio**

<b>Ohio Registration Number:</b>	<b>Ohio Registration Number</b>
Facility Name:	Facility Name:
Address:	Address:
City, State Zip code:	City, State Zip code:
Contact Person:	Contact Person:
Phone:	Phone:
E-mail:	E-mail:
<u>Assembler Representative</u> Name of person responsible for radiation protection at the RGE location in Ohio for the event	<u>Location Representative</u> Name of person responsible for radiation protection at the RGE location in Ohio for the event
Phone:	Phone:
E-mail:	E-mail:

OVER

Doctor prescribing x-rays name:
Name of RGE Operator & license number:
RGE equipment type (list all by type, manufacturer, model & serial number):
Installation Type (i.e. in a truck, van, facility):
Exams performed:
Assurance RGE will be locked out when not in use (explain):

**FOR DEPARTMENT USE**

Received Date:	
Approval Date:	Denial Date:
Initials:	Initials: