IOWA DEPARTMENT OF PUBLIC HEALTH, BUREAU OF RADIOLOGICAL HEALTH

LUCAS STATE OFFICE BUILDING, 5TH FLOOR 321, EAST 12TH STREET, DES MOINES, IOWA 50319

APPLICATION FOR RADIOACTIVE MATERIAL X-RAY MACHINE REGISTRATION

INSTRUCTIONS: Complete all items if this is an Initial Application. Use supplemental sheets where necessary. A link (www.idph.state.ia.us/eh/radioactive_materials.asp) to the IDPH Radiation Machines and Radioactive Materials rules can be found at that web site. To ensure a complete and accurate application, please use the appropriate regulatory guide as a reference while completing this application. Mail the application to: IOWA department of public health, bureau of radiological health, Lucas state office building, 5th floor, 321 East 12th street, Des Moines, IOWA, 50319.

Upon approval, the applicant will receive an IOWA X-Ray Machine Registration issued in accordance with the general requirements contained in chapter 136c of the IOWA administrative code

If you have any questions, please contact:

Angela Leek, Bureau Chief- (515) 281-3478, Randal S. Dahlin, Health Physicist- (515) 281-0419,

Stuart Jordan, Health Physicist- (515) 281-0403

FACILITY INFORMATION: PLEASE PRINT OR TYPE.

Facility Name: * _____

Street Address: * _____

City: * _____ State: * _____ Zip: * _____

Phone Number 1: * _____ Phone Number 2: _____

Email: *_____ EIN: * _____

AFFIRMATION QUESTIONS:

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization? * ☐ Yes ☐ No

If yes, include the date, location, reason, and resolution. *

_____

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case? * ☐ Yes ☐ No

If yes, include the date, location, reason, and resolution. *

_____

Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? * ☐ Yes ☐ No

If yes, provide a description of the circumstances. *

_____

CONTACT INFORMATION:

First Name: * _____ Last Name: * _____

Phone Number: * _____ Email: * _____

License Number: _____ Business Name: * _____

Street Address: * _____

City: * _____ State: * _____ Zip Code: * _____

Comments: _____

EQUIPMENT DESCRIPTION: List each type of device separately. (Print and Complete additional pages if necessary.)

EQUIPMENT TYPES: Below are the Equipment's type Available.

Food Sterilization Accelerator, Electron Microscope, CT Simulator, Superficial, Analytical X-ray Baggage x-ray, Cabinet x-ray, Electronic Brachytherapy, Industrial Radiography x-ray, Medical Accelerator, Non-Medical Accelerator, Portable x-ray, Walk-in Cabinet x-ray, x-ray Fluorescence, Other.

Equipment Type	_____
Manufacturer Name:	_____
Model Number of the Equipment	_____
Serial Number of the device	_____
Date Installed	_____
Shielding Documentation Attached	☐ Yes ☐ NO ☐ N/A

Equipment Type	_____
Manufacturer Name:	_____
Model Number of the Equipment	_____
Serial Number of the device	_____
Date Installed	_____
Shielding Documentation Attached	☐ Yes ☐ NO ☐ N/A

Equipment Type	_____
Manufacturer Name:	_____
Model Number of the Equipment	_____
Serial Number of the device	_____
Date Installed	_____
Shielding Documentation Attached	☐ Yes ☐ NO ☐ N/A

Equipment Type	_____
Manufacturer Name:	_____
Model Number of the Equipment	_____
Serial Number of the device	_____
Date Installed	_____
Shielding Documentation Attached	☐ Yes ☐ NO ☐ N/A

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions

_____	_____
Typed/Printed Name	Signature Certifying Officer
_____	_____
Title	Date