

ARIZONA DEPARTMENT OF HEALTH SERVICES BUREAU OF RADIATION CONTROL

ATTACHMENT TO ARRA-4 FOR THE REGISTRATION OF A DENTAL, MEDICAL, PODIATRIC, OR VETERINARIAN DIAGNOSTIC X-RAY SOURCE OF RADIATION

(Complete 1 ARRA-4X form for EACH unit you are applying for registration)

1. **Facility Name:**
- Street Address:**
- City and Zip:**
2. **Registration Number for current registrants:** - or ☐ **NEW Applicant**
3. **Your Name and Title:**
- Phone:** **Email:**
- Date:**
4. **Machine Type (check applicable type of x-ray):**

<input type="checkbox"/> Intra-Oral	<input type="checkbox"/> Bone Density	<input type="checkbox"/> Radiographic
<input type="checkbox"/> Radiographic/Fluoroscopic	<input type="checkbox"/> Mammographic (see ARRA-13)	<input type="checkbox"/> Panorgraphic
<input type="checkbox"/> C-Arm Fluoroscopic	<input type="checkbox"/> Stereo Biopsy	<input type="checkbox"/> Conebeam CT
<input type="checkbox"/> E-Brachytherapy	<input type="checkbox"/> Superficial Therapy	<input type="checkbox"/> CT Scanner
<input type="checkbox"/> Other – please describe:	<input style="width: 280px; height: 25px;" type="text"/>	
5. **Machine Subtype:**

<input type="checkbox"/> Stationary	<input type="checkbox"/> Mobile	<input type="checkbox"/> Portable	<input type="checkbox"/> Handheld	<input type="checkbox"/> Transportable
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6. **Equipment Information:** New Unit: ☐ Replacement Unit: ☐ unit Removed: ☐
- Manufacturer name:** **Model Name:**
- Number of tubes:** **Location of unit:**
- Replaced or deleted unit make and model Name:**
- To whom and where was the unit transferred?**

SHIELDING INFORMATION

1. Excluding dental, podiatry, bone density, and mammography units, attach a scale drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R9-7-408 and R9-7-416 of the AZ Administrative Code.
2. Provide specific instructions including any restrictions provided to the equipment operators.
3. Please note that R9-7-604.B. requires each registrant to maintain for each x-ray machine: (a) maximum rating of technique factors, (b) Aluminum equivalent filtration of the useful beam, including routine variations, (c) records of surveys, calibrations, maintenance, modifications, and the names of persons who perform the service and, (d) a copy of all correspondence with the agency relating to the x-ray machine.
4. Please note that R9-7-206.C. requires transferor provide to each registrant the supplies and x-ray machine necessary to comply with the rules as pertaining to the usage of the equipment.