# X-Ray Registration Form

Complete all information and submit to the Radiation Safety Officer (RSO) at [jrobertson@dal.ca](mailto:jrobertson@dal.ca) or fax 423-5242 or Interdepartmental Mail: Jill Robertson, Safety Office, 1391 Seymour St. One form must be used for each separate unit.

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| **1. Status** | __ Existing  
__ New |
| **2. Location** | Campus:  
Building:  
Room: |
| **3. Use** | Please check all that apply.  
__ Dental  
__ Cephalometric  
__ Intraoral  
__ Panoramic  
__ Veterinary  
__ Analytical  
__ Cabinet  
__ Other |
| **4. Device** | Manufacturer:  
Model #:  
Serial #: |
| **5. X-Ray** | Maximum Rate: _________ kVp _________ mA |
| **6. Principal Investigator (PI)** | Email:  
Phone: |
| **7. List ALL Users of the X-Ray Unit** | User  
Training Date on X-Ray Device |

PI Signature _______________________________________  Date ____________________
RSO Signature ________________________________________  Date ____________________