Dalhousie University
X-Ray Registration Form

Complete all information and forward to the Radiation Safety Office. One form must be used for each separate unit.

1. This unit is:
   9 Existing 9 New

2. Identify the person/persons who will supervise both the operation of this unit and the personnel who will use the unit.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

3. Location (Bldg. and Rm. #) ___________________________________________

4. Type of use (check all that apply)
   9 Dental: 9 Intraoral 9 Panoramic 9 Cephalometric
   9 Veterinary
   9 Analytical
   9 Cabinet
   9 Other

5. Manufacturer: _______________ Model #: _______________ Serial #: __________

6. Maximum rated kVp _____________ mA ______________

7. Supervisors signature: _____________________ Date: _________________