

**STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH**

Registration Number _____

Date Registered _____

**APPLICATION FOR
REGISTRATION OF SOURCES OF RADIATION**

Under the provisions of Title 22, Chapter 14 of Alabama, the State Board of Health is designated as the State Radiation Control Agency and authorized to maintain a file of registrants possessing x-ray machines or other machines and devices producing ionizing radiation. The applicant applies for registration pursuant to 420-3-26-.05(a) or (b).

I. Applicant: _____
Person, Corporation, Agency, etc.
County

Address: _____
Street
City
Zip
Phone

Email Address (optional): _____

II. Location of unit (if different from the above address): _____

III. Person responsible for radiation control: _____

IV. X-ray equipment and fluoroscopes:

1. Room #	2. Manufacturer (control panel)	3. Model #	4. Serial #	5. Machine Type	6. Number of Tubes	7. Max. kVp	8. Max. mA	9. Fixed Mobile Portable	10. Use
Column 5 Machine Type					Column 10 Use				
Bone Densitometer (BD)		Combination (Comb)			Cardiac Cath./Interventional (CC)			Dental (DT)	
Computed Tomography (CT)		Fluoroscopic (Fluor)			Diagnostic Rad (DR)			Podiatry (PD)	
Mammography (Mam)		Radiographic (Rad)			Therapeutic (TH)			Veterinary (VT)	
Therapy (Ther)		Cone-Beam CT (CBCT)			Chiropractic (CH)				

Date

Signature of User

REGISTRATION DOES NOT IMPLY APPROVAL OF THE INSTALLATION BY THE ALABAMA STATE BOARD OF HEALTH

See additional pages for
further registration guidance

Registration Instructions

- I. The legal name and address of the facility. Please include any titles (M.D., etc.)
- II. The physical location of the facility if different from I. Note: P.O. Boxes are not acceptable, but route boxes are.
- III. The management representative responsible for the operation of the x-ray equipment.
- IV.

Column 1.	Room location of the unit registered, if applicable.
Column 2.	The control panel manufacturer.
Column 3.	The control panel model number or name.
Column 4.	The control panel serial number.
Column 5.	See code on first page.
Column 6.	Number of tubes operated by the control panel.
Column 7-8	The mA and kVp delivered by the control panel.
Column 9.	Fixed, portable, or a mobile unit.
Column 10.	See code on first page.

Please e-mail the completed document to medicalxrayregistration@adph.state.al.us
or mail to P.O. Box 303017, Montgomery, AL 36130-3017.

Additional compliance requirements

- New fixed x-ray and fluoroscopic machine installations require shielding plan submission and approval prior to installation. This includes veterinary facilities, cone-beam CT units, and bone density units.
- For already existing x-ray rooms, a radiation protection survey may be submitted in place of a shielding plan.
- If a shielding plan cannot be located or if the unit is to be or has been moved, then a resubmission is needed.
- If a new x-ray unit is being installed in an existing room and the material type or thickness in the walls is unknown, an integrity survey is needed for the determination of type and thickness.
- For mobile fluoroscopy units used in a dedicated procedure room where the c-arm is generally used, a shielding plan or a radiation protection survey shall be submitted.
- For mobile radiographic units, no shielding is needed unless the mobile unit is being used as a fixed unit.
- No shielding plan or update is necessary for replacement components of an existing unit such as a generator, tube, control, or collimator replacement.
- Facilities with many mobile fluoroscopic and radiographic machines shall submit a general floor plan showing where the units will be used (i.e., hospitals).
- No shielding is required for dental facilities with only panoramic, dental intraoral, or portable X-ray units. However, please see the [instruction document](#) for guidance on registering hand-held or portable X-ray units.

Please e-mail shielding plans to medicalxrayshielding@adph.state.al.us

or mail to P.O. Box 303017, Montgomery, AL 36130-3017. For shielding plan requirements and guidance please visit the link below.

<https://www.alabamapublichealth.gov/radiation/assets/shieldingplanguide.pdf>