State of Alabama
DEPARTMENT OF PUBLIC HEALTH

REPORT OF ASSEMBLY ON NON—CERTIFIED X-RAY SYSTEMS (i.e. THOSE NOT REPORTED ON FEDERAL FORM FD2579). (Applies to installations/acquisitions from sale, lease, transfer, relocation, or disposal of radiation machines and/or major components thereof)

Completion and filing of this form which reports the assembly or installation of an x-ray system or sub-system meets the requirements set forth in Chapter 420-3-26, Radiation Control, Alabama Administrative Code, Rule 420-3-26.05. Any person engaged in the business of assembling, replacing, or installing one or more components into an x-ray system is considered an assembler and is subject to this requirement.

1. EQUIPMENT LOCATION	Registration No.
a. Name of Hospital, Doctor or office where installed	
b. Street Address	
c. City	d. State
e. Zip Code	f. Telephone Number

2. ASSEMBLER INFORMATION	Registration No.
a. Company Name	
b. Street Address	
c. City	d. State
e. Zip Code	f. Telephone Number

3. GENERAL INFORMATION

a. This report is for assembly of components which are (Check appropriate box(es))

- ☐ A complete x-ray system (Includes x-ray control, tube housing assembly, beam limiting device, & x-ray generator)
- ☐ A replacement of component(s) in the existing system
- ☐ An addition to the existing system

b. Intended use(s) (Check applicable box(es))

☐ General Purpose Radiography	☐ Urology	☐ Head-Neck (Medical)
☐ General Purpose Fluoroscopy	☐ Mammography	☐ Dental-Intraoral
☐ Tomography	☐ Chest	☐ Dental-Cephalometric
☐ Angiography	☐ Chiropractic	☐ Radiation Therapy Simulator
☐ Podiatry	☐ Veterinary	☐ Any Other (Specify in comments)

c. The X-ray System is (check one) ☐ Stationary ☐ Mobile

d. The Master Control is in Room

e. Date of Assembly month day year

4. COMPONENT INFORMATION

a. The master control is: ☐ A new Installation ☐ Existing

b. Control Manufacturer	c. Control Model Number	d Control Serial No.

Complete the following information for the components listed below which you installed. Enter in the appropriate blocks how many of each you installed in this system.

e.

☐ Beam Limiting Device	☐ Table	☐ Tube Housing Assembly (Medical)	☐ Spot Film Device
☐ X-ray Control	☐ Cradle	☐ Dental Tube Head	☐ Other (Specify)
☐ High Voltage Generator	☐ Film Charger		
☐ Vertical Cassette Holder	☐ Image Intensifier		

5. ASSEMBLER CERTIFICATION

I affirm that all components assembled or installed by me for which this report is being made, were adjusted and tested by me according to the instructions provided by the manufacturer(s).

a. Printed Name	b.	c. Date

6. COMMENTS

7. ☐ No machines installed this quarter.

Copies: Blue—Assemblers, Yellow—State Rad Health, Pink—Purchaser or User

ADPH-F-RAD-67/Rev. 5-84