

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

- 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 front.
- 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 front.