



**RADIATION SAFETY DEPARTMENT**

**WEST VIRGINIA UNIVERSITY • HEALTH SCIENCES CENTER • WVU HOSPITALS  
JEFFERSON MEDICAL CENTER • FAIRMONT REGIONAL CANCER CENTER**

G-139 Health Sciences Center • PO Box 9006 • Morgantown, WV 26506-9006 • Phone: 304-293-3413 • Email: [radiationsafety@hsc.wvu.edu](mailto:radiationsafety@hsc.wvu.edu)

**RADIATION PRODUCING DECIVE REGISTRATION FORM**

**This form shall be completed and submitted to RSD PRIOR to purchasing radiation producing devices.**

Please return completed form to: Radiation Safety, PO Box 9006 or email: [radiationsafety@hsc.wvu.edu](mailto:radiationsafety@hsc.wvu.edu)

**PRIMARY USER INFORMATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

Room #: \_\_\_\_\_

Email address: \_\_\_\_\_

**DEVICE DESCRIPTION**

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Console S/N: \_\_\_\_\_

Tube S/N: \_\_\_\_\_

**LOCATION**

Building: \_\_\_\_\_

Room/Suite #: \_\_\_\_\_

**DEVICE UTILIZATION**

Describe the nature of the device and how it will be utilized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SHIELDING DEGISN**

Radiation Safety Department must be provided a copy of the shielding design for review. After reviewing the RSD will submit the shielding designs to the state agency.

Does the machine require shielding housing?      Yes      No

Who will do the shielding design: \_\_\_\_\_

If known, briefly describe the type of shielding and/or shielding design: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an outside consultant will do the shielding design, are they registered with WV State Radiological vendor list?            Yes            No

**INSTALLATION**

The installer is required to submit a Report of Assembly, FDA Form 2579 to the WV Office of Environmental Health Services (OEHS) and provide a copy to RSD.

**REGISTRATION**

All Radiation Producing devices owned or possessed in WVUH are required to be registered with the WV OEHS. RSD will register the device with the state.

**INSPECTIONS**

After installation RSD will inspect all operational procedures and conduct environmental surveys. After initial inspection an audit will be conducted once each year.

I hereby certify that the information provided above is true and accurate to the best of my knowledge.

As the registered Primary User/Purchaser of the device listed above, I will provide written notification to Radiation Safety Department of any deviations to the current information within ten (10) working days of the modification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_