



**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

**RADIATION PRODUCING DECIVE MODIFICATION FORM**

**This form shall be completed in its entirety when requesting a change to a registered radiation producing unit (e.g. change the location of use, disposal, surplus, new primary users, etc) Complete one form for each unit. Contact the RSD if you require further information regarding this process.**

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

Name of Requestor: \_\_\_\_\_ Dept: \_\_\_\_\_  
(Please print)

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Action Requested**

(please check at least one)

\_\_\_ Disposal \_\_\_ Transfer to a new location \_\_\_ Modify primary user \_\_\_ Other (please explain below).

List the modification(s) required at this time on the registration number listed below: \_\_\_\_\_

**Registration Number to be Modified**

Current Registration No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Facility / Dept Name: \_\_\_\_\_ Name of Primary User: \_\_\_\_\_

**Description of Unit**

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

Console Serial #: \_\_\_\_\_ Tube Serial #: \_\_\_\_\_

Unit Current Location: \_\_\_\_\_

**New Facility or Location**

(NEW)

Facility / Department Name: \_\_\_\_\_

Relocated to Rm #: \_\_\_\_\_ Floor: \_\_\_\_\_ Bldg: \_\_\_\_\_ PO Box: \_\_\_\_\_

Name of Primary User: \_\_\_\_\_ Phone #: \_\_\_\_\_

**(Official Office Use Only)**

Date RSD inspected and placed unit out-of-service: \_\_\_\_\_ RSD initials \_\_\_\_\_

Date RSD records modified: \_\_\_\_\_ RSD initials \_\_\_\_\_

Date WV OEHS notified: \_\_\_\_\_

Note(s): \_\_\_\_\_  
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