



DHEC USE ONLY: Registration # _____ Check # _____ Amount \$ _____

Date approved: _____ By: _____

FACILITY REGISTRATION APPROVAL REQUEST

Purpose for Request:

- New Facility
- Relocation of existing facility (Existing address and registration # _____)
- Acquisition of an existing facility (Existing facility's name, address, and registration # _____)

Facility Name: _____

Location Address: _____ **Contact person:** _____

_____ **Phone:** _____

Mailing Address: _____ **Fax:** _____

_____ **E-mail:** _____

Radiation Safety Officer: _____

Qualifications as RSO: _____

List all Doctors, with license numbers, practicing at this Facility (All License #'s will be verified):

Name	License #	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For more information regarding licensing in South Carolina, please refer to: <http://www.llr.state.sc.us/>.

Equipment Type (refer to list on instructions page): _____

Facility Type (refer to list on instructions page): _____

Digital: Yes or No **Expected date of installation:** _____

Shielding Plan log #, if applicable _____

Manufacturer, model #, and type of x-ray equipment to be installed: _____

Name of Vendor preparing shielding plan, Address,
Phone #, Registration #, and Contact Person:

Name of Vendor selling and/or installing equipment, Address,
Phone #, and Registration #, Contact Person:

*These vendors must be registered with DHEC in order to provide x-ray services in South Carolina.

ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM:

- Application Fee of \$62.50 - *This request cannot be processed without this fee.*
- Shielding Plan, if applicable-If shielding plan has already been accepted, put the log number here _____.
- If sending a shielding plan, include the shielding plan review fee of \$62.50.
- Operating Schedule (Mobile Facilities Only).

Signature of RSO: _____

This request cannot be processed without the signature of the RSO.

Please Return To:

S.C. Department of Health and Environmental Control

Bureau of Radiological Health

X-ray Facility Registration

2600 Bull Street

Columbia, SC 29201

(803) 545-4400 FAX (803) 545-4412

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF RADIOLOGICAL HEALTH
FACILITY REGISTRATION APPROVAL REQUEST**

PURPOSE:

This form is for the Facility Registration Approval Request. Any facility planning to install an x-ray producing machine shall apply for and receive a Facility Registration Approval prior to the installation of the x-ray machine.

ITEM BY ITEM INSTRUCTIONS:

Purpose for Request – Indicate by checking the appropriate purpose for the request.

Facility Name – This refers to the person or company planning to install the x-ray producing machine.

Location Address – Give the address where the machine will be physically located, if different from the mailing address.

Contact person – The person responsible for the submission of this request.

Phone – Self-explanatory.

Mailing Address – Give the Street, City, State, Zip Code.

Fax – Self-explanatory.

E-mail – Self-explanatory.

Radiation Safety Officer (RSO) – Give the name of the person who will be responsible for radiation protection at the facility.

Qualifications of RSO – List the qualification/training of the RSO.

Doctors at the facility - Give the name and SC license number of each doctor practicing at this facility.

Equipment Type – Indicate the equipment type using the list below.

Facility Type – Indicate the facility type using the list below.

Digital – Circle Yes or No.

Expected date of installation – Self-explanatory.

Shielding Plan log # (if applicable) – Give the log # of the accepted shielding plan.

Manufacturer, model #, and type of x-ray equipment to be installed – Self-explanatory.

Shielding Vendor – Give the name, address, Registration #, Phone #, and Contact person for the Vendor preparing the shielding plan.

Installation/Sales Vendor – Give the name, address, Registration #, Phone #, and Contact person for the Vendor installing/selling the x-ray equipment.

Enclose the Following Items with this Form – Indicate by checking the items enclosed with this form.

OFFICE MECHANICS AND FILING:

When the FRA request forms are received, stamp the form and all attachments with the date received. After review and approval, the form and all attachments are placed into the registrant's file, and the FRA approval is returned to the registrant for their records. These forms are maintained in facility files and purged after 10 years.

Type of Facility

Academic
Analytical/Industrial
Chiropractic
Dental
Hospital
Medical
Podiatry
Prison
Radiation Therapy

Security
Veterinarian
Other (Specify)

Type of Equipment

Accelerator (Non-human use)	CT Simulator	Panoramic	X-ray fluorescence (Non-medical)
Baggage Checker	Dental (Intraoral)	PET/CT Scanner	X-ray gauge
Bone Densitometer	Dental CT	Radiographic	Other (Specify)
Cabinet x-ray	Diffraction	Simulator	
C-arm fluoroscopic	Electron Microscope	Shielded Room (Radiographic)	
Cephalometric	Fluoroscopic	Spectograph	
Ceph/Dental	Lithotripter	SPECT/CT Scanner	
Combination (Rad & Fluoro)	Mammography	Stereotactic	
CT Scanner	O-arm Fluoroscopic	Therapy (Accelerator human use)	