



North Carolina Department of Environment and Natural Resources
Division of Environmental Health
RADIATION PROTECTION SECTION
Radiology Compliance Branch

PLAN REVIEW/DOCUMENT REQUEST FORM

PLEASE COMPLETE THIS FORM AND FILE IT WITH RADIATION PROTECTION SECTION
ALL INFORMATION MUST BE PROVIDED TO PROCESS THIS REQUEST

NAME OF PERSON REQUESTING RECORD DATE OF REQUEST

FACILITY/SERVICE COMPANY REG. # ORGANIZATION/PLACE OF EMPLOYMENT

MAILING ADDRESS CITY STATE ZIP ( ) PHONE NO.

COPIES REQUESTED VIA : [ ] EMAIL - Email Address

[ ] FAX - Fax Number [ ] CD [ ] MAIL [ ] PICK UP

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COST OF DOCUMENTS

A check or money order must be received before records will be released. RPS staff will let you know the amount to be paid if applicable.

- The current copying charge is 1 to 25 pages = free; more than 25 pages = 2.5 cents/page.
Email Attachments are free (requesting a mailing list; request through email at no charge).
A diskette or CD is \$5.00.

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Have you been contacted by our agency on a pending inspection? [ ] YES [ ] NO

IDENTIFY THE SPECIFIC RECORD YOU ARE REQUESTING: [ ] X-Ray [ ] Mammography

Facility Information to Search Records

- Registration Number (if known)
Name of Facility
Name of Doctor
Street Address of Facility
Phone Number of Facility
Date of Plan and Room Identification
Identify Documents requested; List Name of Documents & Room #



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SIGNATURE: \_\_\_\_\_