

RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

REPORT OF SALE/INSTALLATION OF X-RAY MACHINES

Reports of sales/installations of X-ray machines are required by State of North Carolina regulations. Sales and installations by service providers, **not reported on FEDERAL FORM FDA 2579**, should be filed within 15 days following the sale/installation on this form. **This form is not for use by X-ray registrants**, it is only for service provider companies that sale and install X-ray machines for use within the state. The form may be emailed to FDA2579@dhhs.nc.gov. (This email address is only valid for service provider submitting this form).

Note: Companies providing online sales of X-ray machines or component for use within the state must be registered with NCRPS.

NC Radiation Protection Section
1645 Mail Service Center, Raleigh, North Carolina 27699 – 1600
Phone: (919) 814-2250 Email: FDA2579@dhhs.nc.gov

System Location		Service Provider Info	
		Facility Registration #	
NAME OF FACILITY		COMPANY NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE	TELEPHONE NUMBER	ZIP CODE	TELEPHONE NUMBER
		Provider Registration #	

X-ray System Information

THIS REPORT IS FOR AN X-RAY SYSTEM THAT I (Check appropriate box(es))		<input type="checkbox"/> SOLD	<input type="checkbox"/> INSTALLED
SYSTEM TYPE <input type="checkbox"/> ANALYTICAL (closed beam) <input type="checkbox"/> SPECIMEN CABINET <input type="checkbox"/> GOVERNMENT MOBILE (van) <input type="checkbox"/> ANALYTICAL (open beam) <input type="checkbox"/> E-BEAM ACCELERATOR <input type="checkbox"/> VETERINARY <input type="checkbox"/> HANDHELD ANALYZER <input type="checkbox"/> ELECTRON MICROSCOPE <input type="checkbox"/> VETERINARY DENTAL <input type="checkbox"/> CONTROL GUAGE <input type="checkbox"/> INDUSTRIAL RADIOGRAPHY <input type="checkbox"/> X-RAY COMPONENTS (specify in comments) <input type="checkbox"/> CABINET SCANNER <input type="checkbox"/> SHIELD ROOM RADIOGRAPHY <input type="checkbox"/> OTHER (Specify in comments) <input type="checkbox"/> CABINET RADIOGRAPHY <input type="checkbox"/> BOMB DETECTION <input type="checkbox"/> IRRADIATOR <input type="checkbox"/> GOVERNMENT SCREENING			
THE X-RAY SYSTEM IS (Check one) <input type="checkbox"/> MOBILE/PORTABLE <input type="checkbox"/> CONVEYOR SYSTEM <input type="checkbox"/> STATIONARY		ROOM # / LOCATION	DATE OF SALE/INSTALLATION
SYSTEM MANUFACTURER	SYSTEM SERIAL NUMBER	CONTROL MODEL NUMBER	

Seller/Installer Signature

I affirm that this x-ray system sold or installed by me for which this report is being made, was done so in accordance with the requirements of 10A NCAC 15 .0210.		
a. PRINTED NAME	b. PROVIDE YOUR FULL LEGAL NAME IN PLACE OF A PHYSICAL SIGNATURE	c. DATE

Comments

