



FACILITY REGISTRATION APPROVAL REQUEST

ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM:

- Application Fee of \$62.50 - ***This request cannot be processed without this fee. (If paying by credit card, an invoice with instructions will be provided.)***
- Shielding Plan, if applicable-If shielding plan has already been accepted, log number(s): _____
- If also submitting a shielding plan, include the shielding plan review fee of \$62.50. ***(If paying by credit card, an invoice with instructions will be provided.)***
- Operating Schedule (Mobile Facilities Only).

****All Sections of form must be completed or indicated as not applicable.**

Purpose for Request:

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

Existing Facility Name: _____

Address: _____

Registration #: _____

Facility Information:

Facility Name: _____

Location Address: _____

Mailing Address: _____

Give full names of partners, co-owners, etc. (if applicable): _____

If there are Corporate owners, give full name of Corporation, etc. (if applicable): _____

Facility Contact:

Name and Title: _____

Mailing Address: _____

Phone number: _____ Fax number: _____

E-mail: _____

Billing Contact:

Name and Title: _____

Mailing Address: _____

Phone number: _____ Fax number: _____

E-mail: _____

Radiation Safety Officer (RSO)

Name and Title: _____

Mailing Address: _____

Phone number: _____ Fax number: _____

E-mail: _____

Qualifications of RSO: _____

List all Licensed Practitioners (who will order and/or read at this facility), with license numbers (All License #'s will be verified):

Name	License #	Name	License #

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; list all that apply): _____
_____**Mobile/Handheld: Yes or No** Which units are mobile/handheld? _____**Facility Type (refer to list on instructions page):** _____**Digital: Yes or No** Expected date of installation: _____**Shielding Plan log #, if applicable** _____

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

Sales Vendor:

Company Name: _____ Registration number: _____

Location Address: _____

Phone number: _____ Fax number: _____

Contact name and title: _____

E-mail: _____

Installation Vendor (if different from sales vendor):

Company Name: _____ Registration number: _____

Location Address: _____

Phone number: _____ Fax number: _____

Contact name and title: _____

E-mail: _____

Shielding Vendor:

Company Name: _____ Registration number: _____

Location Address: _____

Phone number: _____ Fax number: _____

Contact name and title: _____

E-mail: _____

Signature of RSO: _____

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

Printed name of 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:

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

Purpose for Request – Indicate by checking the appropriate purpose for the request. If acquiring an existing facility, include existing facility information.

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.

Mailing address – Give the mailing address if different from the location address.

Names of partners, co-owners, etc. – Full names of partners, co-owners, etc. if applicable.

Name of Corporate owner, if applicable.

Facility Contact Name and title – The person responsible for the submission of this request.

Mailing Address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

E-mail – Self-explanatory.

Billing Contact Name and title – The person responsible for the payment of bills.

Mailing Address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – 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.

Mailing Address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

E-mail – Self-explanatory.

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

Doctors at the facility - Give the name and SC license number of each doctor who will order and/or read at this facility.

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

Mobile/Handheld – Check Yes or No

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

Digital – Check Yes or No.

Expected date of installation – Self-explanatory.

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

Sales Vendor company name – Self-explanatory.

Registration # - SC registration # of sales vendor.

Location address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

Contact name and title – Contact person name and title for Sales vendor.

E-mail – Self-explanatory.

Installation Vendor company name – Self-explanatory.
 Registration # - SC registration # of installation vendor.
 Location address – Self-explanatory.
 Phone Number – Self-explanatory.
 Fax Number – Self-explanatory.
 Contact name and title – Contact person name and title for installation vendor.
 E-mail – Self-explanatory.

Shielding Vendor company name – Self-explanatory.
 Registration # - SC registration # of shielding vendor.
 Location address – Self-explanatory.
 Phone Number – Self-explanatory.
 Fax Number – Self-explanatory.
 Contact name and title – Contact person name and title for shielding vendor.
 E-mail – Self-explanatory.

Signature of RSO – Must be signed by the RSO.
 Printed name of RSO – Must be legibly printed.

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. The retention schedule series for this form is 11908- X-Ray Files and/or 6470 mammography Files. These forms are maintained in facility files and purged 3 years after the termination of the facility.

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