



Missouri Department of Health and Senior Services
Missouri Radiation Control Program
Temporary or Out-of-State Radiation Machine Registration

MRCP Reg # of use location
[N/A if not permanent facility]:

I. REQUESTOR CONTACT INFORMATION:

Date Requested: \_\_\_\_\_

Temporary Use Registration Requestor Name: \_\_\_\_\_

Owner Name/Company: \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Owner representative responsible for radiation safety while in use in MO (if different from requestor):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Temporary Use Registration Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

II: TEMPORARY RADIATION MACHINE USAGE IN MISSOURI DETAILS

Requested Start Date for Use \_\_\_\_\_ Stop Date \_\_\_\_\_ Duration of use \_\_\_\_\_ (days)

Location/address of use \_\_\_\_\_

(or facility name) \_\_\_\_\_

Description of site: (hospital, type of job site, etc.) \_\_\_\_\_

Machine use while in MO: [ ] Temporary job site/location, [ ] Demonstration unit for possible sale,

[ ] Loaner while permanent machine out of service for repair, [ ] Other: \_\_\_\_\_

Estimated use/workload while in MO (how often, typical procedures etc.): \_\_\_\_\_

III. RADIATION MACHINE INFORMATION: Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_ Control Serial number: \_\_\_\_\_

Date of recent passing physicist/state radiation office inspection of machine: \_\_\_\_\_

Inspection conducted by: (evidence may be requested upon review if applicable): \_\_\_\_\_

Machine Type: [ ] XRF/Industrial, [ ] C-arm, [ ] Other Fluoro, [ ] CT, [ ] Radiographic, [ ] Other: \_\_\_\_\_

Please note the following:

- Per 19 CSR 20-10.030(3), temporary registration should be requested at least four (4) days prior to entry into MO
Maximum temporary usage is 90 days. Usage beyond 90 days requires a permanent registration & survey.
Equipment installer submission of an FDA 2579 Report of Assembly with a comment indicating "temporary installation" is an acceptable substitute for this form.
MRCP may require evidence of current radiation safety inspection if the equipment is to be used for routine clinical usage and is CT/Fluoro/Mammo/Therapy, or there are other safety concerns identified by MRCP.

Send information to:

Missouri Department of Health and Senior Services--Missouri Radiation Control Program

P.O. Box 570, 920 Wildwood, Jefferson City, MO 65102

Phone # (573) 751-6083

Fax # (573) 751-6158

Email: MRCP@health.mo.gov

DHSS/MRCP Use Only

Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_

A copy of the approved registration should be retained by the owner and also accompany the machine while in MO.