**Missouri Department of Health and Senior Services**

MRCP Reg # of use location

[*N/A if not permanent facility*]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Missouri Radiation Control Program**

***Temporary* or *Out-of-State* Radiation Machine Registration**

**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, **€**OtherFluoro, **€**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**](mailto: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.*