

**Jefferson County Department of Health**  
**Environmental Health Services Division of Air and Radiation Protection**  
**REGISTRATION OF SOURCES OF IONIZING RADIATION**

Part B of the Jefferson County Department of Health Regulations to Govern The Production and Use of Radiation, provides for the registration of all x-ray equipment. Registration of such x-ray equipment shall be limited to within thirty (30) days of the acquisition of said equipment as required by Sec. B, 4: Registration Procedures.

Please submit completed form(s) to: [TUCC-radsafe@mail.ad.uab.edu](mailto:TUCC-radsafe@mail.ad.uab.edu)

Owner Information

Date: _____	Registration # _____		
<small>(mm/dd/yyyy)</small>			
Name: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	Blazer ID: _____		
<small>(IF APPLICABLE)</small>			
Email: _____			

Facility/User Information

<b>Person Responsible for Radiation Safety</b>			
Name: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	Blazer ID: _____		
<small>(IF APPLICABLE)</small>			
Email: _____	Facility Type: _____		

**X-RAY EQUIPMENT** (See legend below)

Manufacturer	Model Number	Serial Number	UAB Number	Tube Type	Use	Max mA	Max kVp	Building	Room Number

Facility Type	Tube Type	Use
01 Physician	AR Above Table Radiographic	HD Human Use-Diagnostic
02 Clinic	UF Under Table Fluoroscopic	HT Human Use-Therapeutic
03 Hospital	MR Mobile Radiographic	VM Veterinary Medicine
04 Dental	DR Dental radiographic	RE Research
05 Chiropractic	AF Above Table Fluoroscopic	IR Industrial Radiography
06 Podiatric	MA Mammographic	YY Other (Specify)
07 Education	VC Vertically Mounted Cassettes	
08 Industrial	CF C-Arm Fluoroscopic	
09 Veterinary	ST Superficial Therapy	
10 Other	XD X-Ray Diffraction	
	XX Other (Specify)	

I certify, to the best of my knowledge and belief, that the above information is true and correct.

\_\_\_\_\_

Printed NameSignature of UserDate

