

INSTRUCTIONS FOR FORM MRCP120.100-7

1. **NAME, MAILING ADDRESS**
2. **LOCATION OF USE** - FOR PORTABLE DEVICES, THE ADDRESS OF THE PRIMARY PLACE OF STORAGE.
3. **DEVICES TO BE REGISTERED-**

EXAMPLE:

Vendor	Type	Model no.	Serial no.	Radionuclides	Activity	No. of Devices
ACME	D	1234	24073	Po-210	8 milli Ci	1

VENDOR- WHERE THE DEVICE WAS PURCHASED FROM.

TYPE- INDICATE BY LETTER DESCRIPTION:

- A. DETECTING
- B. MEASURING
- C. GAUGING OR CONTROLLING THICKNESS
- D. DENSITY
- E. LEVEL
- F. INTERFACE LOCATION
- G. RADIATION
- H. LEAKAGE
- I. QUALITATIVE OR QUANTITATIVE CHEMICAL COMPOSITION
- J. LIGHT PRODUCTION (ILLUMINATION)
- K. IONIZED ATMOSPHERE (STATIC ELIMINATION)
- L. OTHER

MODEL NO., SERIAL NO., RADIONUCLIDE - AS INDICATED.

ACTIVITY- PLEASE WRITE IN THE ACTIVITY AS OPPOSED TO USING SYMBOLS SO THAT THERE IS NO CONFUSION. WRITE IN MILLI FOR MILLICURIES AND MICRO FOR MICROCURIES.

4. **RESPONSIBLE PERSON-** RESPONSIBLE PERSON DESIGNATED FOR CONTROL OF THESE DEVICES. THE REGULATIONS FOR THE CONTROL OF IONIZING RADIATION (105 CMR 120.000) MAY BE VIEWED THROUGH THE RADIATION CONTROL PROGRAM'S WEBSITE (LISTED AT THE TOP OF THE FORM) OR PURCHASED FROM THE STATE HOUSE BOOKSTORE AT (617) 727-2834.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
RADIATION CONTROL PROGRAM
SCHRAFFT CENTER, SUITE 1M2A
529 MAIN STREET, CHARLESTOWN, MA 02129
Phone: (617) 242-3035 Fax: (617) 242-3457
WWW.MASS.GOV/DPH/RCP

REGISTRATION FORM FOR GENERALLY LICENSED DEVICES

1. FACILITY NAME: _____ REGISTRATION NO. _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

2. LOCATION OF USE ADDRESS: _____
(IF DIFFERENT THAN ABOVE)

CITY _____ : _____ STATE: _____ ZIPCODE: _____

3. DEVICES TO BE REGISTERED: _____ TOTAL NUMBER OF DEVICES _____

Vendor	Type	Model No.	Serial No.	Radionuclide(s)	Activity

4. RESPONSIBLE PERSON: _____

ADDRESS: _____

(IF DIFFERENT THAN ABOVE)

CITY _____ : _____ STATE: _____ ZIPCODE: _____

PHONE NUMBER: (IF DIFFERENT THAN ABOVE): _____

FAX NUMBER: (IF DIFFERENT THAN ABOVE): _____

The person signing this form certifies that information concerning the device(s) has been verified through a physical inventory and checking of label information.

I have read and understand the requirements of 105 CMR 120.122 (D) and relevant subsections.

SIGNATURE _____ DATE _____

INCLUDE ATTACHMENTS IF NECESSARY