THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
RADIATION CONTROL PROGRAM
SCHRAFFT CENTER, SUITE 1M2A
529 MAIN STREET, CHARLESTOWN, MA 02129

REGISTRATION OF IONIZING RADIATION SOURCES

1. Employer Name ____________________________ Telephone ____________________________
   Address _____________________________________________

2. Confines of Installation(Building No., Floor) _______________________________________

3. RADIATION PRODUCING EQUIPMENT (Use Additional Sheets if necessary)

<table>
<thead>
<tr>
<th>TYPE*</th>
<th>NUMBER</th>
<th>DESCRIPTION OF EQUIPMENT (Size, Rating, Mfr., General Location)</th>
<th>PURPOSE OR USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIXED</td>
<td>MOBILE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   *Specify if beta ray gauge, high voltage equipment, industrial X-ray, nuclear reactor, particle accelerator, static eliminator, etc.

4. RADIOACTIVE MATERIALS (Use Additional Sheets if Necessary)

<table>
<thead>
<tr>
<th>TYPE*</th>
<th>NUMBER</th>
<th>DESCRIPTION OF MATERIAL</th>
<th>QUANTITY USED</th>
<th>PURPOSE OR USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIXED</td>
<td>MOBILE</td>
<td></td>
<td>ANNUALLY</td>
<td></td>
</tr>
</tbody>
</table>

   THIS SECTION IS NO LONGER IN USE, FILE FORM 120.100-7

   *Indicate if sealed or unsealed, source strength, location, etc.

5. RADIATION SAFETY OFFICER

   Name and Address ____________________________
   Qualifications ____________________________

   Date ___________ Business Telephone ____________________________
   Signature of Employer or Radiation Safety Officer ____________________________
INSTRUCTIONS

(1) Provide the name of the organization or person(s) registering the installation.

(2) Installation shall mean the area of radiation hazard under the administrative control of the person(s) or organization possessing the source of radiation. A part of or an entire industrial establishment may be designated as an installation.

(3) Radiation Producing Equipment: (If possible, provide manufacturer's name, model, serial number or other identifying information.)

Indicate the number of fixed installation or mobile sources re:

**Beta Ray Gauges:** Give amount and type of radioactive element if available; e.g., 10 millicurie of Strontium 90 and type of machine on which installed or other use.

**High Voltage Equipment:** Specify device, type and nature of use; e.g., Eidophor projection apparatus, for theater television; GE electron microscope, for research.

**Industrial X-Rays:** Give the KVP and maximum tube current if available and purpose or use (radiography of castings, fluorescence analysis*, diffraction for crystallography, fluoroscopy of materials, etc.).
* XRF analysis for lead paint detection need separate license.

**Nuclear Reactors:** Give power in kilowatts, and briefly describe type.

**Particle Accelerators:** Give type, voltage and purpose or use; e.g., Betatron, 30 million volts, X-Ray generation; Van De Graaff electrostatic accelerator, 10 million volts, acceleration of protons.

**Radioactive Static Eliminators:** Give type and length of active face; e.g., Ionotron T-200, 24" long, also briefly give types of machines on which installed or other use.

**Other:** Specify any other device; type and nature of use not covered in categories above.

(4) Radioactive Materials: Give type, strength, nature of use and specify whether source is sealed or unsealed. Estimate quantity of material used annually and maximum amount on hand at any one time (for short-lived isotopes); e.g., 3 curies of Cobalt 60, sealed, gamma radiography; .01 curie of Radium as radium sulfate, unsealed, dial painting; 10 millicurie of Carbon 14, tracer, unsealed; 500 microcuries of Iodine 131, tracer unsealed, used annually -- 1 curie, average quantity on hand -- 10 millicurie.

The employer of every registered installation or source of ionizing radiation, used outside the installation, should notify the Radiation Control Program prior to use of all changes which may substantially increase the potential hazard to any person.

Where mobile radiographic laboratories or similar construction are involved, a typical unit and use area may be described with location of central field headquarters.

Forward two copies of Registration to:
- Department of Public Health
- Radiation Control Program
- Schrafft Center, Suite 1M2A
- 529 Main Street, Charlestown, MA 02129

A receipted copy will be returned to you.

Acknowledgment of registration shall not imply the approval by the Radiation Control Program of such an installation, but shall merely indicate that the Agency has a record of such installation.

Registration is required under the provisions of the Massachusetts Regulations for Control of Radiation, MRCP 120.000 and the Memorandum of Understanding between the Department of Public Health and the Department of Labor and Industries, effective February 2, 1995.