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.

1. **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.

INSTRUCTIONS FOR FORM 120.100-7

|  |  |  |
| --- | --- | --- |
| A picture containing text, chain, accessory  Description automatically generated | The Commonwealth of MassachusettsExecutive Office of Health and Human Services Department of Public HealthBureau of Climate and Environmental Health Radiation Control Program250 Washington Street, Boston, MA 02108Phone: (617) 624-5757[www.mass.gov/dph/rcp](http://www.mass.gov/dph/rcp) |  |
| MAURA T. HEALEYGovernorKIMBERLEY DRISCOLLLieutenant Governor | KATHLEEN E. WALSHSecretaryROBERT GOLDSTEIN, MD, PhDCommissioner |
|  |  |  |

# REGISTRATION FORM FOR GENERALLY LICENSED DEVICES

1. **FACILITY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REGISTRATION NO.\_\_\_\_\_\_**

## MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_ ZIPCODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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1. **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

FORM 120.100-7 January 2018