

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:

<b>Vendor</b>	<b>Type</b>	<b>Model no.</b>	<b>Serial no.</b>	<b>Radionuclides</b>	<b>Activity</b>	<b>No. of Devices</b>
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.

INSTRUCTIONS FOR FORM 120.100-7



MAURA T. HEALEY  
Governor

KIMBERLEY DRISCOLL  
Lieutenant Governor

# The Commonwealth of Massachusetts

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Secretary

ROBERT GOLDSTEIN, MD, PhD  
Commissioner

## 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**

FORM 120.100-7

January 2018