The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Climate and Environmental Health

Radiation Control Program

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Lieutenant Governor

**Report the Disposal of Medical X-Ray Unit(s)**

*To remove or terminate a Medical X-Ray unit from your registration, you must report the disposition of the unit as provided in accordance with 105 CMR 120.030: “Report of Changes”.*

[*https://www.mass.gov/how-to/report-the-disposal-of-medical-x-ray-units*](https://www.mass.gov/how-to/report-the-disposal-of-medical-x-ray-units)

|  |  |
| --- | --- |
| **RADIATION CONTROL #:** |  |
| **FACILITY NAME:** |  |
| **FACILITY ADDRESS:** |  |
| **PHONE NUMBER:** |  |
| **EMAIL:** |  |
| **RESPONSIBLE PERSON:** |  |
| **TYPE OF UNIT:** |  |
| **MAKE & MODEL:** |  |

***Complete the items below which are applicable to your registered unit(s).***

|  |  |  |
| --- | --- | --- |
| **1** |   | ***The x-ray unit(s) authorized under the above referenced RCN # has been terminated.***  |
|   |  Attach copy of the receipt from the service provider that removed the unit(s). |
|  |   | ***The x-ray unit(s) was disposed of in the following manner: (please check below)*** |
| **2** |   | (A) Cut the x-ray cord |
|   | (B)  Disposed to town’s hazardous waste site |
|   | (C)  Waste broker |
|  |   |  |
| **3** |   | ***The x-ray unit(s) were transferred to:*** |

|  |  |
| --- | --- |
| **NAME & RCN # (if applicable):** |  |
| **ADDRESS:** |  |
| **PHONE NUMBER:** |  |
| **EMAIL:** |  |
| **RESPONSIBLE PERSON:** |  |

***Check all that apply:***

|  |  |  |
| --- | --- | --- |
|  |   | ***This RCN # is terminating the Certificate of Registration*** |
|  |   | ***This RCN will remain open and replace the unit (s) disposed of.*** |

***I, the owner of the x-ray unit(s), hereby certify that the x-ray unit(s) is no longer in my possession and request that the above referenced Registration be terminated.***

|  |  |
| --- | --- |
| **SIGNATURE:** |  |
| **TITLE:** |  |
| **DATE:** |  |

*Email completed form & documentation to* RCPHealingArts@mass.gov