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Department of Public Health

Bureau of Climate and Environmental Health

Radiation Control Program

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

[*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)

*To remove or terminate a medical X-Ray unit from your registration, you must report the disposition of the unit.*

|  |  |  |
| --- | --- | --- |
| **RADIATION CONTROL #:** | |  |
| **FACILITY NAME:** | |  |
| **FACILITY ADDRESS:** | |  |
| **CITY, STATE, ZIP:** | |  |
| **PHONE NUMBER:** | |  |
| **RESPONSIBLE PERSON:** | |  |
| **EMAIL ADDRESS:** |  | |

The following information is provided in accordance with 105 CMR 120.030: “Report of Changes”.

***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. Attached is a copy of the receipt from the service provider that removed the unit(s).
2. The x-ray unit(s) was disposed of in the following manner: (please circle)
   1. Cut the x-ray cord
   2. Took to town’s hazardous waste site
3. The x-ray unit(s) were transferred to:

|  |  |
| --- | --- |
| **RADIATION CONTROL #:** |  |
| **NAME:** |  |
| **ADDRESS:** |  |
| **PHONE NUMBER:** |  |
| **RESPONSIBLE PERSON:** |  |

***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:** |  |
| **DATE:** |  |
| **TITLE:** |  |