



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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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.
<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: _____

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)
 - (A) Cut the x-ray cord
 - (B) Took to town's hazardous waste site
3. The x-ray unit(s) were transferred to:

RADIATION CONTROL #: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

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: _____

TITLE: _____

DATE: _____

Email completed form & documentation to RCPHealingArts@mass.gov