



MAURA T. HEALEY
Governor

KIMBERLEY L. DRISCOLL
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Climate and Environmental Health
Radiation Control Program
Schrafft Center, Suite 1M2A
529 Main Street, Charlestown, MA 02129
Phone: (617) 242-3035 - Fax: (617) 242-3457
www.mass.gov/dph/rcp

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

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

<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)
(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:

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: