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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 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>

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:

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

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