

Virginia Commonwealth University

New Research X-ray Notification Form

Environmental Health and Safety
RADIATION SAFETY SECTION

BOX 980112
TELEPHONE (804-828-9131)
FAX (804-828-1157)

X-ray Device Notification and X-ray Equipment Disposition Form

X-Ray Authorized User Name: _____

Department: _____

E-Mail & Phone: _____

X-Ray Supervisor Name & Contact Information: _____

Please provide the following information for the X-ray producing device under your management,

Location (Bldg & Room)	
Equipment Type: circle one (delete or add)	
Manufacturer and Model	
Maximum kV and mA	
Serial Number	
Installation Date	

Location (Bldg & Room)	
Equipment Type circle one (delete or add)	
Manufacturer and Model	
Maximum kV and mA	
Serial Number	
Installation Date	

Please complete form and return to:
Holly Dean Radiation Safety Office
email: ehdean@vcu.edu
fax: 804-828-1157