APPLICATION FOR A LICENSE OR PERMIT

Radiation Producing Equipment

Supplemental Information

NYC Health

FACILITY INFORMATION

OPERATING HOURS

DAYS OF WEEK	OPENING TIME	CLOSING TIME
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

FACILITY TYPE

- ☐ Hospital
- ☐ Non-Hospital
- ☐ Veterinarian
- ☐ Podiatric
- ☐ Dental

FACILITY INFORMATION

Do you expect to conduct more than 2,500 patient exams per year?

☐ Yes ☐ No

Are you a facility that will have Veterinarian equipment?

☐ Yes ☐ No

Are you a facility that will have Dental equipment?

☐ Yes ☐ No

Are you a facility that will have Podiatric equipment?

☐ Yes ☐ No

Will Radiation Producing Equipment be used in a mobile van?

☐ Yes ☐ No

If yes, provide VIN for van:

_____

X-RAY PATIENTS PER YEAR

Expected number of **Patients** undergoing X-Rays per year: _____

INTERPRETING PHYSICIAN(s)

Will you have Onsite or Offsite Interpreting Physician(s)?

☐ Onsite ☐ Off-site

PROGRAM USE ONLY

Inspection Priority:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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UNIT INFORMATION

(Complete this form for each unit)

LOCATION TYPE

- ☐ OR (Operating Room)
- ☐ CT Suite
- ☐ Cardiac Cath Lab
- ☐ Electrophysiology Lab
- ☐ Main Radiology
- ☐ Cysto Lab
- ☐ Mammography Suite
- ☐ Special Procedures Suite
- ☐ Hospital Dental Suite
- ☐ Vascular Operating Room
- ☐ X-ray Room
- ☐ Podiatric X-ray Room
- ☐ Dental X-ray Room
- ☐ Fluoroscopy Suite
- ☐ Radiographic X-ray Room
- ☐ Other

BUILDING NAME:

_____

(required only if Facility Type = Hospital needs)

Floor: _____

Location Name: _____

Room #: _____

EQUIPMENT TYPE

- ☐ Dental
- ☐ Fluoroscopic
- ☐ Mammographic
- ☐ Radiographic
- ☐ Therapy
- ☐ Academic/Commercial

Fixed or Not?

☐ Fixed ☐ Mobile

Machine Number:

_____

(required only if Mobile Unit

Number of Tubes:

Rated kV:

Year Manufactured:

Model #:

Installed Date:

SUBTYPE

- ☐ Analog
- ☐ Bone Densitometer
- ☐ C-Arm Fixed
- ☐ C-Arm Mobile
- ☐ CT
- ☐ Cephalometric
- ☐ Cone Beam CT
- ☐ Dental
- ☐ Digital
- ☐ Fixed
- ☐ Grenz Rays
- ☐ Linear Accelarator
- ☐ Mini C-Arm
- ☐ Mobile
- ☐ Ortho Voltage
- ☐ Panoramic
- ☐ Podiatric
- ☐ R/F
- ☐ Electron microscope
- ☐ X-ray diffraction equipment
- ☐ X-ray baggage screening units
- ☐ X-ray cabinet security system
- ☐ Stereotactic

MANUFACTURER

- ☐ Acoma Medical
- ☐ Eureka
- ☐ General Electric
- ☐ GE/OEC
- ☐ Genoray America
- ☐ Hologic, Inc.
- ☐ Machlett
- ☐ Midmark Corp
- ☐ MinX-ray, Inc
- ☐ OEC Medical
- ☐ Picker Intl
- ☐ Phillips
- ☐ Shimadzu
- ☐ Siemens/Acusion
- ☐ Sonosite
- ☐ Sounmed 2D
- ☐ Summit Indust
- ☐ Trex Medical Corp
- ☐ Xonics
- ☐ Ziehm
- ☐ Other (write in Name of Mfgr)

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