

X-RAY MACHINE STATUS FORM

Have any x-ray producing devices at this location been removed, replaced, sold, transferred, donated or are considered inoperable and have not yet been reported to KDHE? If the answer is yes, you are required to complete and return this form to: Kansas Department of Health and Environment, Bureau of Community Health Systems, Radiation Control Program, 1000 SW Jackson, Suite 330, Topeka, KS 66612-1365 or by fax to (785) 559-4251 or by [emailing kdhe.xray@ks.gov](mailto:kdhe.xray@ks.gov) (see reverse for regulation requirements).

Kansas Registration # _____ Contact Name: _____

Facility Name: _____ Email Address: _____

Facility Address, City, State & Zip: _____

Check all statements below that apply:

- Radiation producing device has been purchased and should be added to existing registered inventory. (This is not a replacement of a unit that has been removed. Registered inventory has increased with the addition of this unit.)** Number of devices purchased: _____

Type of device (i.e. radiographic, dental intra-oral, etc.): _____

New total number of registered devices: _____

- Radiation producing device has been removed and replaced at the above location.**

Number of devices removed: _____ Type of devices removed: _____
(i.e. radiographic, dental intra-oral etc.)

Number of devices installed: _____ Type of devices installed: _____
(i.e. radiographic, dental intra-oral etc.)

Name of company that removed the device from the above location: _____

Name of company that installed the new device at the above location: _____

- Radiation producing device at the above location was scrapped, sold, transferred or donated to another facility or individual.** The name and address of recipient is required to be provided below.

Number of devices: _____ Type of device: _____
(i.e. radiographic, dental intra-oral etc.)

Device was replaced: YES NO If yes, type of device installed: _____

Name and address of recipient: _____

Location of disposal if scrapped: _____

- Radiation producing device is inoperable but is still located at the above location. Inoperable devices are devices that are broken and do not produce radiation when plugged in, devices that have been disassembled or the x-ray tube removed from the device. If this statement is checked, complete the Affidavit of Disassembly and send to KDHE with this form.**

Number of inoperable devices: _____ Type of device: _____
(i.e. radiographic, dental intra-oral etc.)

Inoperable device was replaced YES NO If yes, type of device installed: _____

Check the appropriate statement below:

- I **still have** registrable radiation producing devices at the above location that are required to be registered.
- I **still have** radiation producing devices at the above location but it is inoperable (as stated on the attached Affidavit).
- I **no longer have any** radiation producing devices at the above location.

