

AFFIDAVIT OF INOPERABILITY OF RADIATION PRODUCING DEVICES

(This form is only required to be completed for units at your facility that are **not capable** of producing x-rays – see reasons below)

Registration #: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

I am declaring the following radiation producing devices as inoperable (include number of devices, type of device, manufacturer, model, serial number):

1. _____

2. _____

3. _____

The above radiation producing devices are inoperable for the following reason (i.e. tube removed, disassembled, control panel removed, tube broken, equipment broken and cannot be repaired, etc.), attach service document if available: (NOTE – radiation producing devices being stored or not being used is not a valid reason of inoperability unless those devices are not capable of producing x-rays and the reason is required to be stated below).

The device(s) above will not be reassembled into a functional radiation machine by me or anyone else and upon final disposal notification will be made to the Kansas Department of Health and Environment (KDHE), Bureau of Community Health Systems, Radiation Control Program, 1000 SW Jackson, Suite 330, Topeka Kansas 66612-1365.

If it is determined that the radiation machine is going to be reassembled into an operable condition, the KDHE will be notified prior to reassembly and the radiation machine will be registered with KDHE.

Hereby certified by:

Printed Name _____

Signature _____

Title _____

Date _____