

Notice of Intent to Purchase or Possess an X-ray Unit

X-RAY UNIT OWNERSHIP		
CURRENT <i>(unless new purchase)</i>	PROPOSED	
Name _____	Name _____	_____
Position _____	Position _____	_____
Office phone # _____	Office phone # _____	_____
Email _____	Email _____	_____
X-RAY UNIT INFORMATION		
Description and intended use:		

Intended Location (Building name, address and room number):		

Maximum output energy _____	Manufacturer Model Make	_____ _____ _____
FOR ORM USE ONLY (DO NOT FILL UP THIS SECTION)		
Type of instruments	MOL registration required	Certificate of shielding available
X-ray machine	NO	NO
Maximum energy < 5 keV	YES	YES
Maximum energy > 5 keV	NO	N/A
X-ray source	YES	
Air kerma rate < 1.0 microGray/h		
Air kerma rate > 1.0 microGray/h		
Final Decision on MOL registration		
Not required		
Certificate of shielding only		
Full application		