Manitoba Health
REGISTRATION OF X-RAY EQUIPMENT

Manitoba

1. **Business name of machine owner**

2. **Business address of machine owner**

3. **Location of Machine, Room #, Vault #**

The owner will notify the Radiation Protection Division of any new or change in equipment, its use or location, PRIOR TO such change. Mail to: Radiation Protection CancerCare Manitoba, 675 McDermot Avenue, Winnipeg, Manitoba, R3E 0V9, Ph. (204) 787-4145, Fax (204) 775-1684.

4. **Nature of machine use (check where applicable)**

☐ Diagnostic Type:_____ ☐ Industry ☐ Research

☐ Therapy Type:_____ ☐ Veterinary ☐ Dental

5. **RED Act Compliant:** ☐ **Yes** ☐ **No** **CSA or Equivalent Approved:** ☐ **Yes** ☐ **No** **Type**_____

Medical Device Licence: ☐ **Yes** ☐ **No**

MDL Licence No.(Generator)_____ MDL Licence No.(Tube)_____

(Note: Checking the "Yes" box indicates that you are aware of the Medical Device Licence Regulation)

6. **Machine Type:**

☐ Stationary ☐ Mobile ☐ Portable ☐ Handheld

7. **Is this machine a replacement?** ☐ **Yes** ☐ **No** **If "Yes", please indicate machine being replaced:**

Make _____ Model _____ CancerCare Registration Number _____

8.

Component Description	Generator	X-Ray Tube Housing	X-Ray Tube Insert	Fluoroscopic Tube Housing	Fluoroscopic Tube Insert
a) Manufacturer					
b) Model Name					
c) Model Number					
d) Serial Number					
e) Supplier					
f) Energy					
g) Manufacture Date					

9. **Registered Owner of Equipment** **Appointed Radiation Safety Person/Contact Person**

Name _____ Name _____

Title _____

Date _____ Phone _____

Date _____

Signature _____ Signature _____

THE REGISTRATION OF THIS EQUIPMENT DOES NOT IMPLY APPROVAL FOR ITS OPERATION

10. OFFICIAL USE ONLY			
Date Received	**Date returned**	**Reviewed by**	**Registration number**