Application for Registration of Ionizing Radiation Division of Radiological Health

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Submit one completed copy to: Mississippi State Department of Health

Mississippi State Department of He Division of Radiological Health

Post Office Box 1700 Jackson, Mississippi 39215-1700

All applications must be signed and dated. Submit original copy to Mississippi State Dept. of Health, Div. of Radiological Health.

1. Registrant (name and address):	 2. Dept., Location or Address/Street at which used and/or stored: Check if same as Item 1 only Temporary Job Sites in Mississippi 		
Telephone Number:			
3. Type of device to be registered:	4. Maximum operating levels:		
Image: X-Ray Image: Accelerator Image: Electron Microscope Image: Neutron Generator	kV (accelerator) mA (x-ray) MV		
5. Manufacturer(s) Device Model Number	Serial Number (Device) Serial Number (Tube)		
1 1	1		
2 2	2 2		
3 3	3 3		
4 4	4 4		
Please submit specifications, descriptions,	and operating procedures for each device.		

	0		6. Personnel Monitoring						
Film Badge	Name of Supplier:			Radiation Detected					
	Exchange Period:			🖵 Alpha	🖵 Beta		Gamma		
	Where Worn:			🖵 Neutro	n 🛛 X-Ra	ıy			
Pocket Dosimeter	Manuf	acturer				Radiation	Detected		
or	Model: Max Range:			🛛 🖬 Alpha	🗅 Beta 🛛 🖵 Gamma		amma		
Chamber	Direct Reading			🛛 🖵 Neutro	ron 🗳 X-Ray				
7. Radiation Survey In	strume	ntation							
Manufacturer		Model No.	Calibration Date						
1				Calibration	Frequency				
2				0.11.		1			
3			I	Calibration	Performed	by			
							Resume		
8. Radiation Program Personnel Title or Function			Prev. Subm.	Attach-	Page or				
		CI CI	The or F	unction				U U	
Padiation Safety Off				Junction		Date	ments	Item	
Radiation Safety Off			The of F	unction				U U	
	ïcer:			'unction				U U	
Radiation Safety Off Individual(s) respons	ïcer:			'unction				U U	
	ïcer:			'unction				U U	
	ïcer:			'unction				U U	
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9. Describe in detail how device(s) will be used:

employee of the applicant given in Item 1 who assisted in	Name
	Address

The applicant or any official executing this certificate on behalf of the applicant named in Item 1 certifies that this application is prepared in conformity with the Mississippi State Board of Health Regulations for Control of Radiation and that all information confirmed herein, including any supplements attached hereto is true and correct to the best of our knowledge and belief:

Date	Applicant	Signature	Title