



Montana Radiation Machine Registration

Department of Public Health and Human Services

Quality Assurance Division

P.O. Box 202953 Helena MT 59620-2953

Phone: (406) 444-2099 | Fax: (406) 444-3456

<https://dphhs.mt.gov/qad/radiationmachineregistration>

Instructions:

Fill out form completely and accurately. Email completed form to: Radiation.Machine.Registration@mt.gov or send by mail to the address above. When this form has been submitted the machine may be operated by appropriate staff. **All radiation machines in Montana must be re-registered every 2 years.**

Check Appropriate Box:

Biennial Renewal New Facility Mailing Address Change Site Address Change

A. Registrant Information:

Facility: _____ Contact Person: _____

Physical Address: _____ County: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

B. Type of Practice:

Hospital Medical Dental Chiropractic Mammographic
 Podiatric Veterinary Industrial Academic Other: _____

C. Radiation Machine:

Stationary Portable Mobile

Manufacturer: _____ Model name/number: _____

Serial number: _____ FDA 2579 (Assembly) Form number: _____

Rating: Max. kVp: _____ Max. mA: _____

Supplier: _____ Installer: _____

Service agent: _____ Geog. Location: _____
(Room Identification Number or Name)

D. Inspection:

Never inspected Date of last inspection: _____

Name of inspector: _____ Phone: _____

E. Administrator/Responsible Party:

Name: _____

Address: _____

Phone: _____ Email: _____

Printed Name

Date

Signature: **By checking the box you agree that the printed name above serves as your electronic signature.**