

Radiology Compliance Branch

RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

OUT-OF-STATE MOBILE EQUIPMENT LOCATION REPORT

The Radiology Compliance Branch published this guidance to assist radiographic, analytical machine and industrial radiography registrants in completing the location report contained herein. **ALL OUT-OF-STATE EQUIPMENT registrants to include those who engage in industrial radiography and analytical equipment use MUST complete this form.**

Read the following instructions carefully, and completely fill out the Out-of-State Equipment Location Report on page three. Typing the information into the form is strongly recommended.

Email the completed report to XrayService@dhhs.nc.gov

Or

**Mail: Radiation Protection Section / Radiology Compliance Branch
1645 Mail Service Center
Raleigh, NC 27699-1645**

Please note if the information contained in the transmitted report is illegible, it may be “incomplete” due to lack of legible information, and the registrant may be subject to compliance and escalated enforcement action(s).

EXPLANATION OF THE REPORT

Explanations below are for the six sections requiring completion on the Out-of-State Equipment Location Report.

Section 1: Registrant Information

- ❖ Enter date and time the Location Report was filled out.
- ❖ Enter registrant’s name as listed with the N.C. Radiation Protection Section.
- ❖ Enter the registration number given to the registrant by the N.C. Radiation Protection Section.

Section 2: Registrant Contact Information

- ❖ Enter a contact person to include telephone and fax number. Include an e-mail if available.
- ❖ Ensure the contact person listed in this section is KNOWLEDGEABLE of the activities conducted at the work location. This individual is normally the Radiation Safety Officer but can be anyone in the organization.

Section 3: Personnel / Authorized Users

- ❖ Provide the names of all individuals that will be operating equipment while at the work location.
- ❖ Provide the cellular phone or pager number for at least one individual listed as an equipment operator.
- ❖ Documentation of personnel training must be at the jobsite within North Carolina for Industrial Radiography Operations and Analytical Equipment use.

1645 Mail Service Center - Raleigh, North Carolina 27699-1645

Phone: (919) 814-2250

Visit our website www.ncradiation.net

Mobile Equipment Location Report

Rev5/14/15



Section 4: Equipment

- ❖ List all equipment planned for work at the scheduled location.

Section 5: Modality Or Type Of Work Planned

- ❖ Check the appropriate modality or type of work.
- ❖ If the scheduled use of the modality checked is for something other than medical purposes, check "other" in addition to checking the modality and explain the intended use in the space provided.
- ❖ If "other" is checked, specify the type of work planned.
- ❖ If "Industrial" is checked, specify type of work planned.

Note, "Medical" means "...the intentional exposure to individuals for medical purposes."

Section 6: Work Location Information

- ❖ Name the company or facility (if applicable) where scheduled work is planned.
- ❖ Give the exact physical address of work or describe the location **IN DETAIL** if the exact physical address is not applicable. An example of a good description is: "2 miles north of intersection of Hwy XXX and Hwy YYY on State Road 9999, near Anytown, NC, 29999-9999."
- ❖ The contact person for this section must be an individual at the FACILITY FOR WHOM THE WORK IS BEING CONDUCTED. Verify the phone number prior to filing the report, and include fax number and e-mail address if possible. Again, this person must be knowledgeable of the location and job's nature.
- ❖ Please list the beginning and ending dates along with work times for the particular work location. If you are to be at a location for **more than one day**, you may list a range of dates (e.g. 03/01/2006 – 03/25/2006).
- ❖ Please indicate if this is a REVISION to a PREVIOUSLY SUBMITTED location report.
- ❖ The N.C. Regulations for Radiation Protection allows for relief from the five-day notification requirement if "...the five day period would impose undue hardship." The agency always reserves the right to deny work at a location if staff determines that "...the action [that is, the agency denial] is necessary in order to prevent undue hazard to public health and safety or property." In order for the agency to grant relief from the five-day notification requirement, the applicant **MUST** provide a reason that the notification is being made less than five days before the scheduled work. Failure to give a reason may result in denial of the authorization.
- ❖ The agency now requires notification of work on or near State Ports, airports or work within the coastal waters.
- ❖ For the State Ports and airports, give the name (i.e., RDU International, State Port at Wilmington, etc.).
- ❖ "Coastal Waters", as defined in the N.C. General Statutes, means operating within three nautical miles of the shoreline (about 3½ statute miles). The proper way to note this on the form is to state "2 miles SSE of Morehead City, NC."

PLEASE REVIEW THE FORM CAREFULLY BEFORE TRANSMITTING

AS A REMINDER, YOU MUST NOTIFY THE AGENCY IF ANY INFORMATION IN THE REPORT CHANGES. YOU MAY REACH THE RPS BY EMAIL, 24-HOURS-A-DAY, TO XRAYSERVICE@DHHS.NC.GOV OR BY TELEPHONE (919) 814-2250, MONDAY – FRIDAY, 08:00 – 17:00.



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INTERNAL USE ONLY

REGION

RECEIVED

COMPLETED

MOBILE EQUIPMENT LOCATION REPORT

INSTRUCTIONS: **PLEASE TYPE OR PRINT** Complete all applicable sections of this form as described in the instructions above. Completed forms **MUST** be received **120 HOURS PRIOR** to the initiation of work at the location listed below. Completed forms **may be EMAILED** to XrayService@dhhs.nc.gov or mailed to: **Radiation Protection Section/ Radiology Compliance Branch, 1645 Mail Service Center, Raleigh, N.C., 27699-1645.**

Section 1: REGISTRANT INFORMATION

Date of Notification		Time (military)	
Registrant Name			
Notice of Registration #			

Section 6: WORK LOCATION INFORMATION

Company	
EXACT physical address or DESCRIPTION of work location:	

Section 2: REGISTANT CONTACT INFORMATION

Employee to be contacted about this notification	Name		
	Tele #		Fax #
	e-mail		

Individual from the facility listed above who can be contacted about this notification	Name	
	Tele #	
	Fax #	
	e-mail	

Section 3: PERSONNEL / AUTHORIZED USERS

If more authorized users need listing, supply the names as an attachment to report.

Name of authorizes users	Cellular or Pager #
1.	
2.	
3.	

Date(s) and Time(s) of Work	Beginning Date		Is this a REVISION to a previous notification? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Ending Date		
	Shift Start Time		
	Shift End Time		

Reason for late notification (**LESS THAN 5 days PRIOR TO WORK**):

Section 4: EQUIPMENT

Make	Model	Control Serial No.
1.		
2.		
3.		

This is not a reciprocity form. You must be registered for X-ray.
[Steps to Install X-ray Equipment or Register a Facility](#)

Section 5: MODALITY OR TYPE OF WORK PLANNED

<input type="checkbox"/> Mammography	<input type="checkbox"/> CT	<input type="checkbox"/> Education	<input type="checkbox"/> Veterinary
<input type="checkbox"/> Stereotactic	<input type="checkbox"/> Medical*	<input type="checkbox"/> Research	<input type="checkbox"/> Service or Repair
<input type="checkbox"/> Other (explain)			
<input type="checkbox"/> Industrial (explain)			

[Application for Registration: Healing Arts](#)
[Application for Registration: Non-Healing Arts](#)

If ANY information in this form changes, notify the agency
Telephone: 919-814-2250 | **Email: XrayService@dhhs.nc.gov**

*"Medical" means the intentional exposure to individuals for medical purposes