



X-RAY FACILITY GENERAL INFORMATION FORM

Reg. # _____
Survey Date _____

Facility Name _____

Legal Name/ Corporate Name _____

Person Responsible for Business Operation _____
(Ex. Owner, CEO, COO, President, Agent, etc.)

Site Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone # _____ Fax # _____

Office E-Mail Address _____

Billing Contact _____ Title _____

Billing Address _____ City _____ Zip _____

Person Contacted _____ Title _____

Radiation Safety Officer _____ Email Address _____

DOCTORS AT FACILITY*

Name	Title	License #	Expiration Date

X-RAY MACHINE OPERATORS (Include Holders at Veterinary Facilities)*

Name & Title	Name & Title	Name & Title

***Use additional pages as needed.**

I have read and understand Section 1.12.2 of Regulation 61-64, X-rays (Title B) which states "It shall be unlawful to make a material false statement to the Department regarding information contained in the application for registration, information pertaining to an inspection, or any other information required by any provision of these regulations." I understand making a material false statement will result in enforcement action and civil penalties.

Name: _____ Signature: _____ Date: _____

BUREAU OF RADIOLOGICAL HEALTH
X-ray General Information Form

PURPOSE:

This form is completed by the facility at the time of inspection to collect current information.

ITEM BY ITEM INSTRUCTIONS:

Reg. # – Facility’s Registration Number. Will be completed by the inspector.

Survey Date – Self-explanatory. Will be completed by the inspector.

Facility Name – Self-explanatory.

Legal Name/ Corporate Name – Give the legal name or the corporate name as listed with the **South Carolina Secretary of State’s** Office.

Person Responsible for Business Operation – Person with ultimate responsibility for overall business operation.

Site Address – Give the address where the facility is physically located, if different from the mailing address.

Mailing Address – Give the Street, City, State, Zip Code.

Phone – Self-explanatory.

Fax – Self-explanatory.

Office E-mail – Self-explanatory.

Billing Contact – Person responsible for the facility’s bills.

Billing Address – Give the address where the facility bills to, if different from the mailing address.

Person Contacted – Person contacted during the inspection.

Radiation Safety Officer – Person responsible for the facility’s x-ray program.

Email Address – Radiation Safety Officer’s email address.

Doctors at the facility – Give the name, Title, SC license number and expiration date of each doctor practicing at this facility. (Use additional pages as needed.)

X-ray Machine Operators – Indicate the name and title of each operator including human holders at veterinary facilities. (Use additional pages as needed.)

Printed name and signature of person certifying comprehension of the material false statement.

OFFICE MECHANICS AND FILING:

After completion, the form will be collected at the time of inspection and maintained by the Department in the facility’s file. This form follows the Division of Electronic Products retention schedule(s). The retention schedule series for this form is 11908- X-Ray Files