



**State of New Hampshire
Department of Health and Human Services
Division of Public Health Services
Radiological Health Section**

Application for Radiation or Magnetic Resonance Imaging Machine Registration
(As provided for under RSA 125F:8 (Title X, Public Health, Chapter 125-F, Radiological Health Program))

For Department Use Only	
Approved _____	Rejected _____
Reason _____	
Date _____	
Check No. _____	
Amount Received _____	
Invoice No. _____	
Acct.# _____	
Reg.# _____	
Site # _____	
NH RHM ID# _____	

A. Registrant Information:

Name: _____
(Responsible Legal Entity - Business name must be registered with the Secretary of State's Office – Corporation Division)

Verification of registration with the New Hampshire Secretary of State's Office, included

Physical Address: _____

Mailing Address: _____

ALL CERTIFICATES SHALL BE MAILED TO THE REGISTRANT MAILING ADDRESS

City/Town & State/Zip: _____ County: _____

Telephone: (____) _____ Fax: (____) _____

Management Representative & Title: _____

Registrant Email Address: _____

B. Site Information: *(Physical location of machine in New Hampshire)*

Name: (If Different from Legal entity) _____

Physical Address: _____

Mailing Address: _____

City/Town & State/Zip: _____ County: _____

Telephone: (____) _____ Fax: (____) _____

Site Contact name & Title: _____

Site contact Email Address: _____

C. Machine Information:

Manufacturer Name: _____

Model Name and/or Number: _____ Serial Number _____

Serial Number Location: *(Select One)* Control/Console High-Voltage Generator Tubehead

Service Provider *(Installer)* Name: _____

FDA 2579 *(Assembly)* Form Number: _____ Acquisition date: _____

Copy of Report of Assembly Enclosed Number of tube sources controlled: _____

Type of machine: _____ Location of machine within the site: _____

(Please refer to Radiation Machine Type Listing) *(Room Identification Number or Name)*

Purpose of Use: Diagnostic Therapy Industrial Analytical Screening *(Per He-P 4045.04)*

(Select One) Educational Demonstration (non-human use)

Fee Enclosed: _____ **Please Note:** *If including the registration fee with the application, please refer to the Fee schedule stated in He-P 4070.06 table 4070.2 or contact our main office at (603) 271-4588 for assistance. Otherwise, an Invoice will be submitted for payment, based upon the information provided.*

Does the machine noted above replace a machine previously registered at the facility? YES NO
(If Yes, please complete a Radiation Machine Disposal/Removal Form: <http://www.dhhs.nh.gov/dphs/radiological/forms.htm>)

Attestation: I, the registrant or certifying officer signing on behalf of the registrant, understand and shall follow the relevant requirements of the NH Rules for the Control of Radiation (He-P 4000) and confirm that all of the information herein is complete and accurate.

Today's Date: _____

Signature of Certifying Officer (e.g. Owner, President, Vice President, RSO)

Printed Name and Title of Certifying Officer

PLEASE NOTE: If you have additional machines to register, please use a copy of this form for each machine. Please ensure that machines at different sites are identified. The specific location of the machine(s) is required.

Registration Instructions

Introduction

Possession and operation of radiation producing (e.g., x-ray machines and accelerators, etc.) and magnetic resonance imaging machines are regulated in New Hampshire. Persons having these machines are required to register them annually and to abide by the applicable provisions of the New Hampshire Rules for the Control of Radiation (NHRCR). <http://www.dhhs.nh.gov/dphs/radiological/rules.htm> (Ctrl+Click to follow links)

Please read the instructions carefully before completing the application form.

Persons proposing to bring a radiation or MRI machine(s) into New Hampshire from out of state on a temporary basis are required to provide the Department of Health and Human Services Radiological Health Section (DHHS/RHS) with specific information in accordance with the provisions of Section He-P 4040.11 of the NHRCR. This will require the completion of Form DHHS/RHS-RP (Application for Reciprocal Recognition of Out-Of-State Machines), which must be dated, signed and submitted to DHHS/RHS accompanied by the payment of fee per He-P 4070.

All DHHS/RHS Forms are located on our DHHS/RHS website, which is located at: <http://www.dhhs.nh.gov/dphs/radiological/forms.htm>

Instructions For Completing Registration Form DHHS/RHS-A

The application instructions are for a single machine to be registered at a single location. If there are two or more machines to be registered at the same or alternate location (site), you are required to make a copy of the application form to complete for each machine to be registered. If a machine is to be registered at an alternate site, please make certain the site information reflects the physical address location of the machine.

A. Registrant Information *(Responsible Legal Entity)*

1. Registrant

The **registrant** is the business or individual taking responsibility for a radiation or MRI machine, its users and uses. A registrant may be an individual, a professional association, corporation (PA or PC), a limited liability company (LLC), a partnership, a corporation, a trust, or an estate, etc. Please enter the registrant name completely and accurately. New Hampshire law requires that anyone doing business under any name other than his or her own must register that name with the Secretary of State. The Secretary of State will not register a name that is not distinguishable from a name that is registered.

Business entity registration forms are available at: <http://www.sos.nh.gov/corporate/Forms.html>

2. Registrant Physical and Mailing Address

Please provide the registrant's street and mailing address, as applicable, to include the ZIP code plus 4 and the county. **ALL CERTIFICATES SHALL BE MAILED TO THE REGISTRANT MAILING ADDRESS**

3. Registrant telephone number

Please provide a telephone number to include the area code.

4. Registrant facsimile (fax) number

Please provide a fax number to include the area code.

5. Management representative name and title

Please provide the name and title of a management representative for the registrant contact.

6. Registrant email address

Please provide an email address for the registrant contact.

Registration Instructions

B. Site Information

(If all information is the same as the registrant information, simply note "Same as Registrant"; If different, please complete Section B)

1. Site name
Please provide the name of the site, which may be located on the entrance or on a sign located in front of or on the building stating the business name or name of the practice.
2. Site Physical Address *(Physical location of machine in New Hampshire)*
Please provide the street address for the physical location of the machine. This address should not be a Post Office Box or Rural Route Number. Please include the ZIP code plus 4 and the county.
3. Site Mailing Address
Invoices can be submitted to the Site Mailing Address to the Attention of the Site Contact, however **ALL** Certificates of Registration shall be mailed to the Registrant Mailing Address to the Attention of the Registrant Contact.
4. Site telephone number
Please provide a telephone number to include the area code. This number should not be an out-of-state telephone number.
5. Site facsimile (fax) number
Please provide a fax number to include the area code. This number should not be an out-of-state fax number.
6. Site contact name and title
Please provide the name and title of the site contact. This individual should be located at the site and must be knowledgeable regarding the machine(s) and operations.
7. Site contact email address
Please provide an email address for the site contact.

C. Machine(s) Information

1. Manufacturer or make
Provide the name of the manufacturer or the make of the machine. *(e.g. Siemens, Gendex, General Electric, etc.)*
2. Model Name and/or Number
Provide the model name and number of the machine, when both identifiers are available.
3. Serial number and location
X-ray machines have many components with separate serial numbers. Typically the serial number of the main control console (control) is used *(this serial number is provided by the service provider and/or installer on the FDA 2579 Form submitted to our office)*. Machines utilized in the healing arts come with a main control that is little more than a computer keyboard. *(If this component should be replaced, we would require the serial number from the new component)*. If the control serial number is not available, other acceptable serial numbers should be taken from the high-voltage generator or the x-ray tube source. Please provide the serial number of the machine and check off the box indicating the serial number location *(control, high-voltage generator or x-ray tube source)*. Please provide a copy of the Report Assembly (PINK FDA 2579 Form-completed by the installer) when available and use the check box to indicate a copy has been submitted with the application.
Note #1: For an MRI unit, use the control console serial number. Indicate the location as "Control."
Note #2: FDA 2579 forms are not associated with industrial unit installations.
4. Acquisition date
Provide the complete date *(mm/dd/yyyy)* the machine was acquired *(we require at least the month and year of acquisition)*. This date is noted on the FDA 2579 Form (Report of Assembly) as the 'date of assembly'. This date should not be the date the machine is utilized for the first time.

Registration Instructions

5. Number of x-ray tube sources controlled
Provide the number of machine-produced radiation sources (*e.g., x-ray tubes*) the main console controls.
6. Type of machine
Locate the type of machine to be registered from the Types of Radiation or MRI Machines tables provided on the last page of these instructions and note the type on the form in the space provided. The fee schedule is located in He-P 4070.06 of the NHRCCR Table 4070.2 Annual Fees for Radiation or MRI Machine Registration, which identifies the various categories of radiation machines and the fees associated with a specific type.
7. Location of machine within the site
Please indicate where the machine is located within the site. For example, the machine may be located in Room 1, Operator 3, Hygiene 2, The Blue Room, Cath Lab, Mammo 1, etc. The room may have a name or a number denoting its location within the site.
8. Purpose of use:
Please indicate how the machine will be used.

Please Note: If the machine being registered replaces a machine previously registered at the site, it is required that an original signed Certificate-Disposition or Change of Ownership of Radiation or MRI Machine Form DHHS/RHS D be completed, and submitted with the registration application for the newly acquired machine in order to provide specific information regarding the machine that was removed or placed in storage.

IMPORTANT: Part He-P 4040.04(n) of the NHRCCR states that: *Machines purchased during the month of July shall be registered according to He-P 4040.04(a), and shall be assessed the applicable fee set forth in He-P 4070 during the month of August.*

Please complete and submit an original signed and dated radiation or MRI machine registration application for each x-ray or MRI unit to:

**Department of Health and Human Services
Radiological Health Section
29 Hazen Drive
Concord, New Hampshire 03301-6503**

Payment may also be included with the submittal of the registration application. If included:

CHECKS MUST BE MADE PAYABLE TO THE: TREASURER – STATE OF NEW HAMPSHIRE

On behalf of the NH Division of Public Health Services and the Radiological Health Section, we appreciate your cooperation in this matter. If you require assistance with determining the total fee due because of adjustments made to the machine inventory information or if you have any further questions or concerns regarding the machine registration process, please contact our Main Office at (603) 271-4588. Thank you.

Registration Instructions
Types of Radiation or MRI Machines

I. Machines used in the healing arts and veterinary medicine

A. Radiographic machines

Dental machines

Dental Intraoral	Dental Intraoral/Cephalometric Combination
Dental Intraoral/Panoramic combination	Dental Panoramic
Dental Cephalometric	Dental Panoramic/Cephalometric Combination
Dental Cephalometric/Tomographic Combination	Cone Beam Dental Computed Tomography
Any Other Dental Radiographic Unit (<i>must provide copy of radiation machine manual with application</i>)	

Podiatric radiographic machine

Any podiatric unit

Chiropractic radiographic machine

Any chiropractic unit

Medical radiographic and other non-fluoroscopic machines

Bone Densitometer	MicroCT (<i>x-ray source</i>)
Computed Tomography (CT) Unit	General Purpose Mobile Unit (<i>within site only</i>)
Conventional Tomography Unit	Dedicated Chest Unit
Cone Beam CT/Radiographic, Other Combination	Mammography Unit
General Purpose Unit	Mammographic Stereotactic Unit
Radiographic, Other Diagnostic	Portable Diagnostic Radiographic Machine

Veterinary machines

Any portable veterinary unit
Any radiographic machine for veterinary purposes
Veterinary, dental unit

B. Fluoroscopes in the healing arts and veterinary medicine

Fluoroscope, C-Arm
Fluoroscope, "Mini" C-Arm
"Special procedure" fluoroscope (including cardiac cath., angio, and EP units)
Radiographic/Fluoroscopic Combination unit (R & F or R/F)
Fluoroscope, Any Other Diagnostic or Interventional

C. Therapy machines

Therapy simulator
Therapy Accelerator with maximum energy of 500 keV or less (Accelerator \leq 500 keV)
Therapy Accelerator with maximum energy of more than 500 keV (Accelerator $>$ 500 keV)
Therapy X-ray machine with maximum potential of 500 kV or less (x-ray \leq 500 kV)
Therapy X-ray machine with maximum potential of more than 500 kV (x-ray $>$ 500 kV)
Linear Accelerator (e.g. Electronic Brachytherapy)

II. Machines used in Industrial applications and in Research and Development

Accelerator for ion implantation	X-ray Fluorescence Unit (<i>x-ray source</i>)
Accelerator for irradiation	X-ray Diffraction Unit
Accelerator for other purposes	X-ray Irradiator
Certified or certifiable cabinet industrial radiographic unit	X-ray Gauge or Control
Industrial radiographic unit	X-ray lithographic Unit
Any Other Industrial or R & D Machine	Accelerator, Other (<i>example: E-Beam</i>)

III. Other circumstances

Machine producing radiation incidental to its uses for other purposes
Magnetic resonance imaging machine
Not Otherwise Specified (*must provide copy of radiation machine manual with application*)

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