

**Arizona Radiation Regulatory Agency**  
4814 South 40<sup>th</sup> Street, Phoenix AZ 85040  
(602)255-4845, Fax (602)437-0705  
[www.azrra.gov](http://www.azrra.gov)

**ARRA-4I is an attachment to the ARRA-4 for the registration of any x-ray system used in industry. This form may also be used for a specimen x-ray system utilized in a medical or hospital setting.**

(Complete 1 ARRA-4I for EACH x-ray unit for which you are applying for registration. Complete this form using your Adobe Reader. Sign electronically and submit as an email attachment to [jperkins@azrra.gov](mailto:jperkins@azrra.gov). Or you may print the completed form, sign by hand, scan and submit as an email attachment. The completed form may also be submitted via fax, or mail.)

Facility Name	Registration No.			- I -	or	New Registrant		
Your Name	Title			Phone				
				Fax				
				Email				
Street Address	Suite	City	State	Zip				

**Check the box that best describes your type of x-ray system.**

<input type="checkbox"/> <b>Industrial Radiography</b>	<input type="checkbox"/> <b>Analytical X-Ray</b>
Industrial Radiography is the use of x-rays to visualize a component for verifying integrity, locating defects, or to view the contents of a package or container. Also included is a specifically designed unit for the viewing of a specimen in a medical setting. Rules regulating industrial radiography are found in A.A.C.R12-1 Article 11.	An analytical x-ray system uses x-rays to determine the elemental composition or examine the microstructure of materials. Rules regulating analytical x-ray operations are found in A.A.C.R-12 Article 8.

<b>Check the box that best describes your type of Industrial Radiography unit.</b>	<b>Check the box that best describes your type of Analytical X-Ray system.</b>
<input type="checkbox"/> Baggage and package inspection system. (A.A.C.R-12-1-1142)	<input type="checkbox"/> Enclosed beam analytical system. (A.A.C.R-12-1-803)
<input type="checkbox"/> Certified or certifiable cabinet x-ray system. (A.A.C.R-12-1-1140)	
<input type="checkbox"/> Shielded room x-ray system. (A.A.C.R-12-1-1140)	
<input type="checkbox"/> Open beam radiography performed at a location other than a permanent installation.	
<input type="checkbox"/> Open beam radiography performed at a permanent installation.	

**Check the box that best describes your x-ray unit.**

<input type="checkbox"/> Stationary	<input type="checkbox"/> Mobile	<input type="checkbox"/> Hand held	<input type="checkbox"/> Portable	<input type="checkbox"/> Transportable
-------------------------------------	---------------------------------	------------------------------------	-----------------------------------	--

**Complete the following information specific to your x-ray system.**

Manufacturer	Model name or number	How many x-ray tubes in the system?	Physical location	Complete the below information for any open beam system and shielded room.	
				Maximum kVp	Maximum mA
Does this unit replace a currently registered x-ray ?	YES NO	Which unit does it replace ?	Who has taken possession of the unit?	Name	Phone No.

**SHIELDING INFORMATION (for shielded room only) Submit as an attachment to this form.**

**INSTRUCTIONS:** Please provide a drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with A.A.C.R12-1-408 and R12-1-416.

If for temporary locations, please provide a copy of your operating and emergency procedures which contain the information required by R12-1-1128. Please provide the specific instructions including any restrictions provided to the radiographers.

Please note that R12-1-1138 requires each registrant to maintain for each industrial x-ray radiography site:

- A copy of the registration form;
- Operating and emergency procedures;
- Agency rules;
- Survey records as required by R12-1-1134 along with dosimetry records; and
- The latest instrument calibration which indicates the applicability to the x-ray energies in use at the site.

Signature	Date