

### ARIZONA RADIATION REGULATORY AGENCY

4814 South 40<sup>th</sup> Street, Phoenix AZ 85040  
Phone (602) 255-4845 Fax (602) 437-0705

#### ATTACHMENT TO ARRA-4 FOR THE REGISTRATION OF MEDICAL, DENTAL, PODIATRY, AND VETERINARIAN DIAGNOSTIC X-RAY SOURCE OF RADIATION

(Complete 1 ARRA-4X form for EACH unit for which you are applying for registration)

1. Facility Name:   
 Street Address:   
 City & Zip:    
 2. Registration Number for current registrants:  -  -  or  New Applicant  
 3. Date:   
 4. Your Name and Title:

5. Machine Type (check applicable type of diagnostic x-ray):
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Radiographic  | <input type="checkbox"/> Bone Density          | <input type="checkbox"/> Panorgraphic               |
| <input type="checkbox"/> Radiographic/Fluoroscopic                               | <input type="checkbox"/> C-Arm Fluoroscopic    | <input type="checkbox"/> Panorgraphic/Cephalometric |
| <input type="checkbox"/> CT scanner  | <input checked="" type="checkbox"/> Intra-Oral | <input type="checkbox"/> Mammographic               |
| <input type="checkbox"/> Other – provide type here if other <input type="text"/> |  |   |

6. Machine Sub-Type (check applicable sub-type):
- Stationary       Mobile       Portable       Transportable

7. Equipment Information:
- Manufacturer Name  Unit Model Name or Number   
 Number of x-ray tubes in this Unit  Location of unit (Room Number or Name)   
 Does this unit replace a registered x-ray unit in your facility?  Yes  No  
 If Yes, which unit?   
 If Yes, to whom and where was the unit transferred:

#### SHIELDING INFORMATION

- Excluding dental, podiatry, bone density, and mammography units, attach a scale drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of the AZ Administrative Code.
- Provide specific instructions including any restrictions provided to the equipment operators.
- Please note that R12-1-604.B. requires each registrant to maintain for each x-ray machine: (a) maximum rating of technique factors, (b) Aluminum equivalent filtration of the useful beam, including routine variations, (c) records of surveys, calibrations, maintenance, modifications, and the names of persons who perform the service and, (d) a copy of all correspondence with the agency relating to the x-ray machine.
- Please note that R12-1-206.C. requires transferor provide to each registrant the supplies and x-ray machine necessary to comply with the rules as pertaining to the usage of the equipment.

8. SIGNATURE