ARIZONA RADIATION REGULATORY AGENCY

ATTACHMENT TO ARRA-4 AND ARRA-4X FOR REGISTRATION OF AN ELECTRONIC BRACHYTHERAPY DEVICE

Facility Name														
		Street Address											Suite	
Physical										1		_		
Address		City							AZ		۸ <i>7</i>	Zip		
											~			
Registration Nur	-						N	New Applicant?			Yes	No		
									Must submit ARRA-4 and ARRA-4X if new facility					
D - 1'-1' 0-1-1-	_							-	20 PL					
Radiation Safety Officer Name	'								SO Pho umber	ne				
	current med	ical ayan	t plan day o	fuso aua	li+v.	2001122200	alan and m			nmont	and attac	t that they are i	n compliance	
I have reviewed the current medical event plan, day of use quality assurance plan, and monitoring equipment and attest that they are in compliance with the requirements of R12-1-611.01 or R12-1-611.02														
D00 0'	•													
RSO Signature							Da	ate						
T a f Th anam.	Dunasialaal							_				N I		
Type of Therapy	Provided	d All Interstitial/Intracavity						′	Superficial C			niy	Other	
Authorized Hear(s) Agency License or therapy														
Authorized User(s)									Registration number(s)					
												•	•	
Knot sympathy Batadan an Angery Disease and species B. 14, 41														
If not currently listed on an Agency License or therapy Registration, you must provide														
documentation showing compliance with R12-1-611.01(L) Additional Authorized Users														
may be submitted on an attached sheet.														
Qualified Madical Physiciatra									Agency Certification Number(s)					
Qualified Medical Physicist(s)									Agency Certification Number(s)					
									1					
Additional Qualified Medical Physicists may be submitted on an attached sheet.														
Additional Qualifica incultar i hybroloto may be submitted on an attached sheet.														
Do you have a M	ledical Eve	ent plar	i? (PLEA	SE ATT	ACI	H)						Yes	No	
Facility Design meets the Requirements of R12-1-603(C) and R12-1-611(C)? (PLEASE ATTACH) Yes No														
Facility Design n	neets the i	Require	ements of	R12-1-6	003(C) and R	12-1-611	(C)?	(PLEA	SE AI	I ACH)	Yes	No	
Are you a Mobile Service? Yes No Do you have Monitoring Equipment														
Are you a Mobile	e Service?	Yes No calibrated for ener												
						¬		Da	ay of Us	se Qua	ality			
									ssuranc			Yes	No	
						_		1						
I have read R12	-1-611.01 aı	nd attes	t that opera	ation of	our	E-Brachy	therapy e	quip	ment wi	ll be in	complia	ance with the	Article, or	
			hed propos										•	
Signature										D.	ate			
Signature										וים	aic			