State of Illinois
Illinois Emergency Management Agency - Division of Nuclear Safety

REGISTRATION
RADIATION MACHINE INSTALLATION

ILLINOIS EMERGENCY MANAGEMENT AGENCY -
DIVISION OF NUCLEAR SAFETY
1035 OUTER PARK DR
SPRINGFIELD, IL 62704

☐	ORIGINAL REGISTRATION
☐	AMEND REGISTRATION
☐	change of operator/address
☐	change of equipment

REGISTRATION NUMBER
9 ☐☐☐☐☐☐
IEMA will assign if new

The following information is provided in accordance with 32 Ill. Adm. Code 320.10(a) regarding radiation machines.

OPERATOR: (Name and Title)			
FACILITY NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
FEIN/TAX FILING #: ☐☐☐☐☐☐☐☐☐	TELEPHONE:		
E-MAIL:	FAX:		

EQPT. REF. NUMBER:	☐☐☐☐	Check here if new:	☐					
MANUFACTURER NAME:								
MODEL NAME/NUMBER:								
CONTROL SERIAL NUMBER:								
ACQUISITION DATE:								
LOCATION:								
STATUS OF UNIT:	☐	Operable	☐	Inoperable	☐	Stored		
☐	Sold to supplier		☐	Junked	☐	Traded		
☐	Sold / Private:							
UNIT TYPE:	☐	radiographic	☐	flouroscopic	☐	dual purpose		
	☐	mobile	☐	therapy	☐	dental		
	☐	CT	☐	mammography	☐	industrial		

EQPT. REF. NUMBER:	☐☐☐☐	Check here if new:	☐					
MANUFACTURER NAME:								
MODEL NAME/NUMBER:								
CONTROL SERIAL NUMBER:								
ACQUISITION DATE:								
LOCATION:								
STATUS OF UNIT:	☐	Operable	☐	Inoperable	☐	Stored		
☐	Sold to supplier		☐	Junked	☐	Traded		
☐	Sold / Private:							
UNIT TYPE:	☐	radiographic	☐	flouroscopic	☐	dual purpose		
	☐	mobile	☐	therapy	☐	dental		
	☐	CT	☐	mammography	☐	industrial		

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 420 ILCS 40/1 - 40/44 (1992). Disclosure of this information is required. Failure to provide any information will result in this form not being processed and is a Class A misdemeanor. This form has been approved by the Forms Management Center.

PRINT OR TYPE NAME

SIGNATURE

DATE

REGISTRATION
RADIATION MACHINE INSTALLATION

REGISTRATION NUMBER | 9 | | | | | | |

EQPT. REF. NUMBER:					Check here if new:						
MANUFACTURER NAME:											
MODEL NAME/NUMBER:											
CONTROL SERIAL NUMBER:											
ACQUISITION DATE:											
LOCATION:											
STATUS OF UNIT:		Operable		Inoperable		Stored					
	Sold to supplier		Junked		Traded						
	Sold / Private:										
UNIT TYPE:		radiographic		flouroscopic		dual purpose					
		mobile		therapy		dental					
		CT		mammography		industrial					

EQPT. REF. NUMBER:					Check here if new:						
MANUFACTURER NAME:											
MODEL NAME/NUMBER:											
CONTROL SERIAL NUMBER:											
ACQUISITION DATE:											
LOCATION:											
STATUS OF UNIT:		Operable		Inoperable		Stored					
	Sold to supplier		Junked		Traded						
	Sold / Private:										
UNIT TYPE:		radiographic		flouroscopic		dual purpose					
		mobile		therapy		dental					
		CT		mammography		industrial					

EQPT. REF. NUMBER:					Check here if new:						
MANUFACTURER NAME:											
MODEL NAME/NUMBER:											
CONTROL SERIAL NUMBER:											
ACQUISITION DATE:											
LOCATION:											
STATUS OF UNIT:		Operable		Inoperable		Stored					
	Sold to supplier		Junked		Traded						
	Sold / Private:										
UNIT TYPE:		radiographic		flouroscopic		dual purpose					
		mobile		therapy		dental					
		CT		mammography		industrial					

EQPT. REF. NUMBER:					Check here if new:						
MANUFACTURER NAME:											
MODEL NAME/NUMBER:											
CONTROL SERIAL NUMBER:											
ACQUISITION DATE:											
LOCATION:											
STATUS OF UNIT:		Operable		Inoperable		Stored					
	Sold to supplier		Junked		Traded						
	Sold / Private:										
UNIT TYPE:		radiographic		flouroscopic		dual purpose					
		mobile		therapy		dental					
		CT		mammography		industrial					

COMMENTS: