

U of M version 20190321

Please do not write in shaded areas

1. Business name of machine owner: University of Manitoba **Department:** _____

Responsible User/Permit Holder: _____

2. Contact information of the machine owner: P310 Pathology Building, 770 Bannatyne Avenue, E3E 0W3

3. Location of Machine: Building, Room #, Vault # _____

The Responsible User/ Permit Holder will notify the EHS of any new or change in equipment, its use or location, PRIOR TO such change.

Mail to: EHS, P310 Pathology Building, 770 Bannatyne Avenue, R3E 0W3
Fax: (204) 789 3906, Ph: (204) 789 3654 or email to radsafety@umanitoba.ca
EHS will inform the Radiation Protection, Cancer Care Manitoba.

4. RED Act Compliant: Yes No CSA or Equivalent Approved: Yes No Type _____

For use on human subject: Medical Device Licence: Yes No

MDL Licence No.(Generator) _____ MDL Licence No.(Tube) _____

(Note: Checking the "Yes" box indicates that you are aware of the Medical Device Licence Regulation)

5. Machine Type:

Stationary Mobile Portable Handheld

6. Do you have a valid U of M Internal X-ray permit? Yes No if "yes", what is the permit number? _____
If "no" attach the permit application form

7. Is this machine a replacement? Yes No If "Yes", please indicate machine being replaced:

Make _____ Model _____ CancerCare Registration Number _____
U of M Radiation Emitting Device Inventory # (yellow sticker) _____

8..

| Component Description | Generator | X-Ray Tube Housing | X-Ray Tube Insert | Fluoroscopic Tube Housing | Fluoroscopic Tube Insert |
|-----------------------|-----------|--------------------|-------------------|---------------------------|--------------------------|
| a) Manufacturer | | | | | |
| b) Model Name | | | | | |
| c) Model Number | | | | | |
| d) Serial Number | | | | | |
| e) Supplier | | | | | |
| f) Energy | | | | | |
| g) Manufacture Date | | | | | |

9. U of M Internal X-ray Responsible User/ Permit Holder

U of M Radiation Safety Officer

Name _____

Name Alison Yarmill, EHS

Date _____

Title Radiation Safety Officer

Phone 204 789-3654

Signature _____

Date _____

Signature _____

U of M inventory # _____

THE REGISTRATION OF THIS EQUIPMENT DOES NOT IMPLY APPROVAL FOR ITS OPERATION

10. OFFICIAL USE ONLY

| Date Received | Date returned | Reviewed by | Registration number |
|---------------|---------------|-------------|---------------------|
| | | | |