

X-RAYS EQUIPMENT TRANSFER & DISPOSAL

I. Owner's Information

PI/Owner's Registration #: _____ PI/Owner Name: _____
 Contact person: _____ Phone number: _____
 E-mail: _____ Room number: _____

<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Disposal

X-RAYS EQUIPMENT INFORMATION

#	1	2	3	4
Department				
Location/Building/Room #				
Beam Type				
Manufacturer				
Model				
Type of X-ray unit				
# of port				
Serial number				

II. Transfer of Ownership (within UW and Off-site Facility)

Due to potential hazards, liability and registration requirements by WA State Department of Health, X-rays machines may not be sold to open auction through Surplus Property without approval from Radiation Safety Office. Contact Radiation Safety Office for specific instructions.

The following information must be provided in accordance with WAC 246-224-0090.

New Owner Information

Institution/Company/Department Name _____
 Contact Person Name/ New PI Name _____
 Office address _____
 Phone number _____
 New physical location of the machine (address) _____
 Building _____ Room _____
 The date of transfer (anticipated date) _____

- Recipient request letter for procurement of X-rays Equipment/copy of email/letter of receipt of X-rays equipment.
 If removed by authorized service provider, attached a copy of the receipt from the provider that removed the unit.

III. X-rays Equipment Disposal

- Has the equipment been disassembled according to the X-rays Equipment Transfer and Disposal Guideline?
 Has the monitoring badge been removed from the dosimetry list? (if applicable).
 Has all the "CAUTION: X-ray" signs and posting been removed from the lab and X-rays equipment?

IV. Certification and Signature

I, the X-rays owner, hereby certify that the above information is true and correct and request that the above X-rays equipment is removed from Radiation Safety Office registration.

Signature Field _____
 Name/Title: _____

Date: _____