



The following Items are Required at Equipment Installations  
 (All New/Used Installations and Move Jobs)  
 As of: 1-30-2006

<input checked="" type="checkbox"/>	INITIAL	JXR SERVICE TECHNICIAN REQUIRED ITEMS
		ASSEMBLERS REPORT
		CALIBRATION REPORT (IF REQUIRED OR DUE) (NOT INCLUDED IN MOVE JOB PRICING)
		CAUTION RADIATION/PREGNANCY NOTICE SIGNS POSTED
		PACKING SLIP: CHECK OFF ALL ITEMS WITH COPY TO CUSTOMER AND JXR THE DAY OF DELIVERY
		FINAL INVOICE SIGNED BY CUSTOMER WITH COPY TO CUSTOMER AND JXR THE DAY OF COMPLETION
<b>THE FOLLOWING IS THE RESPONSIBILITY OF OUR CUSTOMERS</b>		
INSTRUCT CUSTOMER TO PROCURE THE FOLLOWING FORMS (AS REQUIRED) SEE CONTACT INFORMATION FOR TEXAS DEPARTMENT OF HEALTH BELOW		
<ul style="list-style-type: none"> <li>• Application for Healing Arts and Veterinary Medicine - BRC 226-2</li> <li>• Radiation Safety Officer Information - 42-3</li> <li>• Requirements for termination of registration or certification (form LRS-17)</li> <li>• Transfer and disposal of radiation machines (form LRS-18)</li> </ul>		
<b>CONTACT INFORMATION:</b>		
<b><u>JONES X-RAY INC.</u></b> 2606 WEST MARSHALL DRIVE GRAND PRAIRIE, TEXAS 75051 PHONE: 972-647-0171 FAX: 972-647-1862 EMAIL: <a href="mailto:jonesxray@aol.com">jonesxray@aol.com</a> OR <a href="mailto:chrisjonesxray@mac.com">chrisjonesxray@mac.com</a> WEB-SITE: <a href="http://www.jonesxray.com">http://www.jonesxray.com</a>		
<b><u>Texas Department of Health</u></b> <b>Bureau of Radiation Control</b> Attn: Registration 1100 W. 49th St. Austin, Texas 78756 – 3189 WEB-SITE: <a href="http://www.dshs.state.tx.us/radiation/">http://www.dshs.state.tx.us/radiation/</a> <b>* NOTE – ALL REQUIRED FORMS CAN BE DOWNLOADED AND PRINTED.</b>		
<b><u>Medical Physics Services</u></b> <div style="background-color: yellow; padding: 10px; display: inline-block;">           Contact Jones X-Ray for            Physicist services.         </div>		
<b>* NOTE – AFTER THIS FORM IS COMPLETELY FILLED OUT IT IS TO BE GIVEN TO OUR CUSTOMER ALONG WITH REQUIRED DOCUMENTS AND INSTRUCTION. (WITH COPY TO: JXR CUSTOMER FILE)</b>		
JONES X-RAY: _____ DATE: _____ <div style="text-align: center;">(JXR SERVICE TECHNICIAN)</div>		



## BUSINESS INFORMATION FORM

INSTRUCTIONS - Complete the box that is applicable to your business. Mail or fax original(s) to the Texas Department of State Health Services, Radiation Safety Licensing Branch (RSLB), 1100 West 49<sup>th</sup> Street, Austin, Texas 78756-3189. Fax number (512)834-6716. If there are any questions, contact RSLB-Machine Source Group at (512) 834-6688.

### COMPLETE THIS BOX IF THE APPLICANT IS A CORPORATION

**REGISTRATION/CERTIFICATION NUMBER** \_\_\_\_\_

(Applicants applying for New Registration will not have a registration/certification number)

NAME OF CORPORATION: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

TYPE OF CORPORATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

REGISTERED AGENT: \_\_\_\_\_

REGISTERED AGENT ADDRESS: \_\_\_\_\_

(if different than facility address above)

REGISTERED AGENT TELEPHONE NUMBER: \_\_\_\_\_

TEXAS SECRETARY OF STATE CHARTER NUMBER: \_\_\_\_\_

Charter Number – Taxpayer Identification Number, Filing Number or Federal Identification Number

For more information concerning Texas Secretary of State Charter Number call 800-252-1381

I certify that the information provided above is true and correct:

\_\_\_\_\_  
Signature of an Officer of the Applicant\_\_\_\_\_  
Typed or Printed Name\_\_\_\_\_  
Position with Applicant\_\_\_\_\_  
Date

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

**SEE BACK FOR ADDITIONAL OPTIONS**

COMPLETE THIS BOX IF APPLICANT IS ANOTHER TYPE OF BUSINESS ORGANIZATION OTHER THAN A CORPORATION

**REGISTRATION/CERTIFICATION NUMBER** \_\_\_\_\_

(Applicants applying for New Registration will not have a registration/certification number)

NAME OF BUSINESS: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

TYPE OF BUSINESS ORGANIZATION: \_\_\_\_\_  
(i.e., partnership, professional association, etc.)

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TEXAS SECRETARY OF STATE CHARTER NUMBER: \_\_\_\_\_

Charter Number – Taxpayer Identification Number, Filing Number or Federal Identification Number  
For more information concerning Texas Secretary of State Charter Number call 800-252-1381

I certify that the information provided above is true and correct:

\_\_\_\_\_  
Signature of an Officer of the Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Position with Applicant

\_\_\_\_\_  
Date

COMPLETE THIS BOX IF APPLICANT IS AN INDIVIDUAL

**REGISTRATION/CERTIFICATION NUMBER** \_\_\_\_\_

NAME: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

I certify that the information provided above is true and correct:

\_\_\_\_\_  
Signature of Individual Owner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Date

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

Texas Department of Health  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756-3189

# NOTICE TO EMPLOYEES

## TEXAS REGULATIONS FOR CONTROL OF RADIATION

The Texas Department of Health has established standards for your protection against radiation hazards, in accordance with the Texas Radiation Control Act, Health and Safety Code, Chapter 401.

### YOUR EMPLOYER'S RESPONSIBILITY

Your employer is required to-

1. Apply these rules to work involving sources of radiation.
2. Post or otherwise make available to you a copy of the Texas Department of Health rules, licenses, certificates of radiation, notices of violations, and operating procedures that apply to your work, and explain their provisions to you.

### YOUR RESPONSIBILITY AS A WORKER

You should familiarize yourself with those provisions of the rules and the operating procedures that apply to your work. You should observe the rules for your own protection and protection of your co-workers.

### WHAT IS COVERED BY THESE RULES

1. Limits on exposure to sources of radiation in restricted and unrestricted areas;
2. Measures to be taken after accidental exposure;
3. Personnel monitoring, surveys and equipment;
4. Caution signs, labels, and safety interlock equipment;
5. Exposure records and reports;
6. Options for workers regarding agency inspections; and
7. Related matters.

### REPORTS ON YOUR RADIATION EXPOSURE HISTORY

1. The rules require that your employer give you a written report if you receive an exposure in excess of any applicable limit as stated in the rules, license, or certificate of registration. The basic limits for exposure to employees are stated in 25 Texas Administrative Code (TAC) §289.202(f), (k), (l), and (m) (relating to Standards for Protection Against Radiation from Radioactive Material) and 25 TAC §289.231(m) (relating to General Provisions and Standards for Protection Against Machine-Produced Radiation). These subsections specify limits on

exposure to radiation and exposure to concentrations of radioactive material in air and water.

2. If you work where personnel monitoring is required by 25 TAC §289.202 or §289.231;
  - (a) your employer must furnish to you, upon your written request, an annual written report of your exposure to radiation; and
  - (b) your employer must give you a written report, upon termination of your employment, of your radiation exposures if you request the information on your radiation exposure in writing.

### INSPECTIONS

All licensed or registered activities are subject to inspection by representatives of the Texas Department of Health. In addition, any worker or representative of the workers who believes that there is a violation of the Texas Radiation Control Act, the rules issued thereunder, or the terms of the employer's license or registration with regard to radiological working conditions in which the worker is engaged, may request an inspection by sending a notice of the alleged violation to the Texas Department of Health. The request must state the specific grounds for the notice, and must be signed by the worker or the representative of the workers. During inspections, agency inspectors may confer privately with workers, and any worker may bring to the attention of the inspectors any past or present condition that the individual believes contributed to or caused any violation as described above.

### POSTING REQUIREMENT

Copies of this notice shall be posted in a sufficient number of places in every establishment where employees are employed in activities licensed or registered, in accordance with 25 TAC §289.252 (relating to Licensing of Radioactive Material) and 25 TAC §289.226 (relating to Registration of Radiation Machine Use and Services), to permit employees to observe a copy on the way to or from their place of employment.



## PREPARING FOR AN INSPECTION MEDICAL X-RAY MACHINES

---

**It will be necessary to have a credentialed operator available to operate the machines during the inspection. Time should be allowed for the inspector to discuss the inspection findings with the radiation safety officer at the conclusion of the inspection.**

---

**The inspector may ask to review the following records during the inspection:**

- Your current Certificate of Registration.
- The regulations applicable to your Registration.
- Operating and Safety procedures.
- Prior Notices of Violations and your reply to these.
- Annual evaluations of protective devices and a record of those evaluations.
- Equipment Performance Evaluations. **Not Applicable for Veterinary facilities.**
- Record of proper credentialing for operators of x-ray equipment. **Not Applicable for Veterinary facilities.**
- Personnel monitoring records. **Not Applicable for Dental facilities.**
- Documentation showing the dose limits to the public are not exceeded.
- Records of film processing equipment maintenance.
- Records of receipt, transfer, and disposal of x-ray machines.
- U.S. F.D.A. (Food & Drug Administration) variances for certain x-ray machines.
- For fluoroscopic machines: the last annual radiation output measurement performed by a licensed medical physicist.
- For C.T. machines: the dose measurements performed by the physicist.
- For linear accelerators: radiation therapy surveys and calibrations performed by the physicist.

**Texas Department of Health  
Bureau of Radiation Control  
Attn: Registration  
1100 W. 49th St.  
Austin, Texas 78756 – 3189**

**WEB-SITE: <http://www.tdh.state.tx.us/radiation/Regpage.htm>**

**\* NOTE – ALL REQUIRED FORMS CAN BE DOWNLOADED AND PRINTED.**

**DOSIMETRY ORDER FORM – NEW ACCOUNT / GROUP**

(please print or type - both sides of this form must be completed)

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

PURCHASE ORDER NUMBER \_\_\_\_\_

**TYPES OF SERVICE:**     FILM XBG                       TLD RING                       TLD XBGN                       TLD XBGN/TE

**FREQUENCY:**                         MONTHLY                       BI-MONTHLY                       QUARTERLY

**ANNUAL SUBSCRIPTION with a start date of** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**METHOD OF PAYMENT:**     Check (must accompany this form)  
 Credit Card    Amount: \_\_\_\_\_  
 Visa             MasterCard             American Express  
Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_    Signature: \_\_\_\_\_

**SHIPPING ADDRESS:**                            **BILLING ADDRESS:**     SAME AS SHIPPING

COMPANY NAME                            COMPANY NAME \_\_\_\_\_

CONTACT NAME (ATTN:)                            CONTACT NAME (ATTN:) \_\_\_\_\_

STREET ADDRESS OR P.O. BOX                           STREET ADDRESS OR P.O. BOX \_\_\_\_\_

CITY                         STATE                      ZIP                      CITY                        STATE                      ZIP

**REPORT ADDRESS:**    SAME AS SHIPPING                      **CUSTOMER CONTACT:**

COMPANY NAME                          E-MAIL \_\_\_\_\_

CONTACT NAME (ATTN:)                            BILLING  PHONE \_\_\_\_\_

STREET ADDRESS OR P.O. BOX                        REPORT PHONE \_\_\_\_\_

CITY                         STATE                      ZIP                      FAX \_\_\_\_\_

Telephone notification will be based upon NRC occupational dose limits. If other notification limits are required, please contact RDC.

(See Reverse)



**radiation detection company** . . . *The People Behind Your Badge*

**NVLAP Lab Code 100512-0 Film and Thermoluminescent Dosimetry | Radiation Surveys**

**Instrument Calibrations | Health Physics Consultation | Environmental Monitoring**

**8095 Camino Arroyo | Gilroy, California 95020 | 408.842.2700 | fax 408.847.2988 | www.radetco.com**





# I.D. PRINTER CARD INFORMATION FORM

## SAMPLE INFORMATION WINDOW:

John Doe, M.D.  
12345 Main Street  
Any Town, Tx. 12345

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

## INFORMATION WINDOW GOES HERE... (ON 3" X 5" HIGH QUALITY CARD STOCK):



John Doe, M.D.  
12345 Main Street  
Any Town, Tx. 12345

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

*If the patient information needs to be adjusted or changed please  
make notes here.*

## PLEASE FILL OUT YOUR INFORMATION BELOW: (INFORMATION MUST FIT ON LINES)

(CLINIC OR DOCTORS NAME):

\_\_\_\_\_

(ADDRESS):

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ (Blank) \_\_\_\_\_ D.O.B: (Blank) \_\_\_\_\_

Please fill out the account information as you would like it to appear on your I.D. cards.

If you have any questions call Martha or Debbie at: 972-647-0171

**PLEASE FAX THIS COMPLETED FORM TO JONES X-RAY AT: 972-647-1862**