



**REGISTRATION APPLICATION FOR USERS OF RADIATION MACHINES
HEALING ARTS, DENTAL, VETERINARY MEDICINE AND MEDICAL ACADEMIC FACILITIES**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS)
RADIATION SAFETY LICENSING BRANCH (RSLB)
Mail Code 2835
P.O. Box 149347
Austin, Texas 78714-9347

Complete ALL ITEMS on the application. Instructions for filling out the application are on page 2. For further questions, contact the RSLB at (512)834-6688 ext. 2225. Upon approval of the application, the applicant will receive a Certificate of Registration.

**For new registrations, mail application and fees to DSHS, RSLB, Mail Code 2003, P. O. Box 149347, Austin Texas, 78714-9347.
All other actions should use the address at the top of the application.**

1. Legal Name of Facility: _____
The legal name of the facility filed with the Texas Secretary of State Office.

Doing Business As name (if applicable): _____

2. Mailing Address: (Street Address/City/State/Zip) _____

3. Physical Location: (Street Address/City/State/Zip) _____

County: _____ County: _____

4. Facility Site Phone Number: _____

5. Site Fax No.: _____

6. Radiation Safety Officer: _____
Attach qualifications as required in 25 TAC § 289.226.

a. Telephone No.: _____ b. E-mail address: _____

7. Type of action: (Check all that apply)

New Registration (Attach appropriate fee)

Renewal of Registration No. **R** _____

Amendment to Registration No. **R** _____

Name Change RSO Change

Address Change Add X-ray Machine(s)

Additional Use Location

*Submit Business Information Form (RC 226-1)
for all new applications and name changes.*

*If changing ownership, check 'New Registration'
and include the required fees.*

8. Provide the **total number** of x-ray machines used in each category at the physical location – listed under # 3.

Total No. of Machines	X-Ray Machine Description
	Podiatric – 566
	Computerized Tomography – 567
	Veterinary - 571
	Minimal Threat – 572
	Other Industrial – 573
	Medical Radiographic – 576
	Medical Accelerator 878 *
	Dental – 886
	Medical Fluoroscopic – J01
	Veterinary Accelerator – 571 *
	Screening Authorization *
	Mobile *

9. If mobile services are used, indicate name and registration number of the 'Provider of Equipment'.

Provider Name: _____ Provider Registration No. _____ Machine Category: _____

10. As a **licensed practitioner**, I affirm that I am associated with this applicant and provide supervision to non-practitioners administering radiation to human beings or animals.

Typed or printed name of licensed practitioner TX License Board No. _____ Date _____ Signature _____

11. As **radiation safety officer** for this facility, I assume the duties and responsibilities as described in 25 TAC 289.226

Typed or printed name of RSO TX License Board No. _____ Date _____ Signature _____

12. I certify that the administration of radiation to human beings or animals in association with this application shall be under the supervision of an appropriately licensed practitioner. Furthermore, I attest that the information contained in this application is true and correct to the best of my knowledge.

a. _____
Typed or printed name of Applicant Date _____ Signature _____

b. _____
Typed or printed name of Owner or Partner Date _____ Signature _____

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)

INSTRUCTIONS

Item2: For multiple use locations (sub-sites), one mailing address shall be designated for al sites.

Item 6: Radiation Safety Officer (RSO) **For multiple use locations, one individual shall be designated as RSO for all sites.**
 The individual named as RSO must meet the requirements specified in 25 Texas Administrative Code (TAC) §289.226.
 For licensed practitioners, only signature and Texas license number are required. Submit qualifications for all others.

RSO responsibilities are outlined in:
 Dental §289.232
 Veterinary §289.233
 Medical §289.226

Item 8: Machine Use Category(s). (For Category explanation, see table below)

566 – PODIATRIC RADIOGRAPHIC
567 – COMPUTED TOMOGRAPHY (CT)
571 – VETERINARY
<i>For Example:</i>
Dental, Fluoro, CT, Accelerator*
572 – MINIMAL THREAT
<i>For Example:</i>
Gauges X-Ray
Cabinet X-Ray
Package X-Ray
Electron Beam Welding
Particle Size Analyzer
Ion-Implant
Minimal Threat – Other
573 – OTHER INDUSTRIAL
<i>For Example</i>
Educational facility (X-Ray for non-human use)
Educational facility (X-Ray for non-live animal use)
Morgue(s)

576 – MEDICAL RADIOGRAPHIC
<i>For Example:</i>
Chiropractic
Bone Densitometer
Other
Mammo for non-human use
Volumetric Cone Beam CT system
* 878 – ACCELERATOR, SIMULATOR OR OTHER THERAPEUTIC
<i>For Example:</i>
Medical Accelerator
X-ray Therapy
Electronic Brachytherapy
Simulator or CT used for Simulation only
J01 – FLUOROSCOPY
<i>For Example:</i>
Medical Radio-Fluoro
Lithotripter
Fluoro-Hand Held-Intensifying Device
C-Arm, Mini-C-Arm
886 – DENTAL
<i>For Example:</i>
Pano & Intraoral
Cone Beam Dental CT
Handheld Dental

- * Submit: Operating and Safety Procedures AND receive a Certificate of Registration before beginning operation of:
- An Accelerator see 25 TAC §289.226, and 25 TAC §289.229; Veterinary 25 TAC §289.229; Industrial 25 TAC §289.229.
 - Self-Referred Healing Arts Screening see 25 TAC §289.226.
 - Mobile Operation see 25 TAC§229.226; Dental §289.232; Veterinary §289.233.

Item 10: Signature of Licensed Practitioner
 The signature of the Administrator, President or Chief Executive Officer of the facility will be accepted if the facility is a licensed hospital or a medical facility with more than one licensed practitioner who may direct the operation of radiation machine(s).

Item 11: Signature of the Radiation Safety Officer (RSO)
 The signature of the person listed in Item 7, as RSO, is required for the processing of all registration actions.

- Item 12:
- Signature of Applicant
 - This should be the signature of a person duly authorized by the applicant or registrant to act for and on the behalf of the applicant or registrant.
 - Signature of Owner or Partner
 - This line does not need to be completed if the business is a corporation.

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BUSINESS INFORMATION FORM
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SAFETY LICENSING BRANCH
 P.O. Box 149347
 Austin, Texas 78714-9347

Registration or Certification number: _____

New Facility

Legal Name of Facility: _____

The legal name of the facility as filed with the Texas Secretary of State Office.

Doing Business As name (if applicable): _____

Business Phone Number: _____

Billing Phone Number: _____

Business Physical Location: (Street/City/State/Zip)

Billing Address: (Street/City/State/Zip)

If different from Business Physical Location

Complete the appropriate section for the business. For more information concerning Texas Secretary of State Charter or File Number call 800-252-1381 or visit: www.sos.state.tx.us. Employer Identification Number (EIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the IRS in the following format: 12-3456789.

1. **CORPORATION TYPE:** _____ STATE CHARTER or FILE #: _____

President or Registered Agent: _____

Address: _____

For multiple partners, copy this section:

2. **PARTNERSHIP TYPE:** _____ STATE CHARTER or FILE #: _____

Name of Partner: _____

Address: _____

3. **GOVERNMENT ENTITY:** _____ EIN #: _____

Name: _____

Address: _____

4. **IF NONE OF THE ABOVE:** _____ EIN #: _____
 (Including General Partnerships & Sole Proprietorships)

Owner of business: _____

Address: _____

SIGNATURE of the applicant: (Example: President, Registered Agent, CEO, COO, CFO, Partner, Owner)

I attest that the information on this form is true, and correct.

 SIGNATURE

 TITLE

 PRINTED NAME

 DATE

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request to be informed about information the State of Texas collects on 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).



**Schedule of Biennial fees for
Medical or Educational/Healing Arts Certificate of Registration for Radiation Machines and
Lasers**

Each application for a certificate of registration shall be accompanied by a two year non-refundable administrative fee with the exception of mammography, which is a one year non-refundable fee. Fee payments by check or money order shall be made payable to the Department of State Health Services

In the case of a Certificate of Registration that authorizes more than one category of use, the total fee is the category with the highest corresponding fee. Mammography certifications authorize only one category of use per certification.

MEDICAL AND ACADEMIC /HEALING ARTS

(1) Computerized Tomography (CT)	\$ 1,910.00
(2) Fluoroscopy	\$ 940.00
(3) Accelerator, Simulator, or Other Therapeutic Radiation Machine	\$ 1,910.00
(4) Radiographic Machines Only	\$ 600.00
(A) Medical	
(B) Bone Densitometry	
(C) Chiropractic	
(5) Podiatric Radiographic Only	\$ 420.00
(6) Dental Radiographic Only	\$ 370.00
(7) Veterinary, Including CT, Fluoroscopy, and Accelerators	\$ 290.00
(8) Other Industrial	\$ 670.00
(9) Educational Facilities Utilizing Radiation Machines for Human Use	Appropriate Fee as Indicated Above

Fees for additional use locations where radiation machines or services are authorized under the same registration with the exception of Mammography. *30% of applicable fee*

CERTIFICATION OF MAMMOGRAPHY SYSTEMS

Interventional breast radiography (i.e. biopsy, needle localizations) \$490.00 for first machine and \$240.00 per machine for each additional machine listed on the certification at that site.

Certification of Mammography Systems (diagnostic mammography) \$2,010.00 for first machine and \$ 240.00 per machine for each additional machine listed on the certification at that site.

**NON-IONIZING
MEDICAL/RESEARCH/ACADEMIC**

Lasers Fee - \$230.00 No additional fee per device or additional use locations.

Continued on Page 2

**Schedule of Biennial fees for
Certificate of Registration for Industrial Radiation Machines,
Services and Lasers**

- | | | | |
|-----|---|---|-------------|
| (1) | Industrial Radiography | | |
| | (A) Fixed Facility | | \$ 1,960.00 |
| | (B) Temporary Job Sites | | \$ 3,280.00 |
| (2) | Other Industrial | | \$ 670.00 |
| | (A) Diffraction | (G) Spectrography | |
| | (B) Computerized Tomography | (H) Industrial Accelerator | |
| | (C) Fluoroscopy / Hand Held Intensified | (I) Portable Hand Held Fluorescence (open beam) | |
| | (D) Fluoroscopy/ X-ray | (J) Research –Non –Human use | |
| | (E) Flash Radiography | (K) Other Industrial | |
| | (F) Hand-Held Light Intensifying Image Devices | | |
| (3) | Morgues and Educational Facilities (Teaching & Training Only)
utilizing Radiation Machines for Non-human Use, Including CT, Fluoroscopy,
and Accelerators | | \$ 670.00 |
| (4) | Minimal Threat Radiation Machines as Specified
in 25 TAC §289.231(II)(3) of this Title | | \$ 290.00 |
| | (A) Cathodoluminescence | | |
| | (B) Electron Beam Welding | | |
| | (C) Fluorescence X-Ray (closed beam) | | |
| | (D) Gauge X-Ray | | |
| | (E) Ion Implantation | | |
| | (F) Package X-Ray | | |
| | (G) Partical Size Analyzer X-Ray | | |
| | (H) Cabinet X-Ray (Certified) | | |
| | (I) Other – Minimal Threat | | |
| (5) | Exposure Rate of Dose Measurements performed by a Licensed Medical
Physicist as Specified in 25 TAC §289.226. | | \$ 290.00 |
| (6) | Services as Specified in 25 TAC §289.226. | | \$ 290.00 |
| | (A) Exposure Rate or Dose Measurements | | |
| | (B) Radiation Machine Output Measurements | | |
| | (C) Agency – Accepted Training Courses | | |
| | (D) Calibration of Survey and Radiation Measurement Instruments | | |
| | (E) Demonstration/Sales | | |
| | (F) Assembly, Installation or Repair | | |
| | (G) Equipment Performance Evaluations on Dental Radiation Machines | | |
| | (H) Provider of Equipment | | |

Fees for additional use locations where radiation machines or services are authorized under the same registration. 30% of applicable fee

- | | | | |
|-----|---|--|-----------|
| (7) | Laser – Industrial/Services/Entertainment | | \$ 400.00 |
|-----|---|--|-----------|

No fees for additional use locations.

- | | | | |
|-----|-------------|--|----------------------------|
| (8) | Reciprocity | | Fee of Applicable Category |
|-----|-------------|--|----------------------------|

Local law enforcement agencies (i.e. city or county), are exempt from fees. For further clarification, please contact our accounting department at 512/834-6688.

NOTICE TO EMPLOYEES

TEXAS REGULATIONS FOR CONTROL OF RADIATION

The Department of State Health Services 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 Department of State Health Services rules, licenses, certificates of registration, 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. Individual monitoring devices, 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)

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.

Applicable sections of 25 TAC Chapter 289 may be reviewed online, at www.dshs.state.tx.us/radiation/rules.shtm. Our license and/or certificate of registration and any associated documents, our operating procedures, and any "Notice of Violation" or order issued by the agency may be reviewed at the following location:

§289.202(f), (k), (l), and (m) (relating to Standards for Protection Against Radiation from Radioactive Materials) 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 individual monitoring devices are provided in accordance with 25 TAC §289.202 or §289.231:

(a) your employer must furnish to you an annual written report of your exposure to radiation if:

- (1) the individual's occupational dose exceeds 100 mrem (1 mSv) total effective dose equivalent or 100 mrem (1 mSv) to any individual organ or tissue; or
- (2) the individual requests his or her annual dose report in writing.

(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 Department of State Health Services. In addition, any worker or representative of the workers who believe that there is a violation of the Texas Radiation Control Act, the rules issues 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 Department of State Health Services. 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

Department of State Health Services
1100 West 49th Street
P.O. Box 149347
Austin, Texas 78714-9347

NOTICE TO EMPLOYEES

TEXAS REGULATIONS FOR CONTROL OF RADIATION

The Department of State Health Services 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 Department of State Health Services rules, certificates of registration, 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. Individual monitoring devices, 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 set forth in the rules or in the certificate of registration. The basic limits for exposure to employees are set forth in 25 Texas

Administrative Code (TAC) §289.233(i)(3)(A) of this title (relating to Radiation Control Regulations for Radiation Machines Used in Veterinary Medicine). This subsection specifies limits on exposure to radiation.

2. If you work where individual monitoring devices are provided in accordance with 25 TAC §282.233(i)(3)(B) of this title;

(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 Department of State Health Services. 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 Department of State Health Services. 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 registered, in accordance with 25 TAC §289.233 (relating to Radiation Control Regulations for Radiation Machines Used in Veterinary Medicine), to permit employees to observe a copy on the way to or from their place of employment.



RADIATION SAFETY OFFICER (RSO) FORM
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 RADIATION SAFETY LICENSING BRANCH (RSLB)
 P.O. Box 149347
 Austin, Texas 78714-9347

This form may be used to request or change the RSO for the facility. *Note: Do not use this form for Industrial/Laser facilities or Radioactive Material License facilities.*

Choose from the categories listed on page two and submit the appropriate credentials. RSO requirements are located in 25 Texas Administrative Code (TAC) §289.226. The years of experience must be documented on the front side of this form. Retain a copy for your records.

For further questions, contact RSLB-Registration at (512) 834-6688 ext. 2225.

REGISTRATION / CERTIFICATION NUMBER: _____	<input type="checkbox"/> New Facility
I. Name of Facility: _____	
Telephone No.: _____	Fax No. _____
Address of Facility: _____	

II. RSO Designee: _____	
Individual's Full Name (Print or type)	

DOCUMENTATION OF RADIATION MACHINE EXPERIENCE FOR RSO DESIGNEE:
 This section to be completed by individuals who are not licensed practitioners.

Name of Facility	Date of Employment (from - to)	Type of Radiation Equipment Operated

CERTIFICATION

I hereby certify that I will fulfill the duties and responsibilities of RSO as required in 25 TAC §289.226		
_____ Signature of designated Radiation Safety Officer	_____ Date	_____ Licensing Board Number: <small>A Licensing Board number is required if RSO is a M.D., D.D.S, D.M.D., D.O., D.C., D.P.M.</small>
I acknowledge that the individual listed above is qualified to serve as, and carry out the duties and responsibilities of the Radiation Safety Officer for this registration.		
_____ Signature of President, Registered Agent, CEO, COO, CFO, Partner, or Owner	_____ Title	
_____ Printed name of President, Registered Agent, CEO, COO, CFO, Partner, or Owner	_____ Date	

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HEALING ARTS

Licensed Practitioner (M.D., D.D.S. D.M.D, D.O., D.C., D.P.M.)

Texas Licensing Board No. _____

ARRT, ARCRT or Medical Radiologic Technologist with general certificate.

Copy of current license; and
2 years of experience

Limited Medical Radiologic Technologist

Copy of current license; and
4 years of experience

Associate degree in radiologic technology, health physics or nuclear technology

Copy of degree; and
2 years of experience

Registered with the Texas Board of Nursing as a Registered Nurse

Copy of current license; and
2 years of experience in the respective specialty.

Registered with the Texas Medical Board as a Physician Assistant

Copy of current license; and
2 years of experience in the respective specialty.

Registered with the Texas State Board of Dental Examiners to perform radiological procedures

Copy of current license; and
4 years of experience

Bachelor degree (or higher) in radiologic technology, health physics, or nuclear technology

Copy of degree; and
2 years of experience

Licensed Medical Physicist

Copy of current Texas license

RADIATION THERAPY

Licensed Practitioner (M.D., D.O.)

Texas Licensing Board No. _____

Licensed Medical Physicist

Copy of current Texas license

ARRT or ARCRT certificate or copy of current wallet card; and

4 years radiation therapy experience

VETERINARY

Veterinarian

Texas Veterinary License Board No. _____

Non Veterinarian

2 years of experience

ACADEMIC AND/OR RESEARCH AND DEVELOPMENT

Faculty or staff member in radiation protection, radiation engineering or related discipline submit evidence of the following:

Educational course(s) on radiation safety
Experience with x-ray equipment
Knowledge of potential radiation hazards



Preparing for an Inspection of 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 (EPE) conducted by Jones X-Ray and our Physicist at a State Required Frequency of:**
 - Medical and Chiropractic, required every two years.
 - Veterinary facilities will be required to have Equipment Performance Evaluations only in conjunction with remote inspections.
- 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 C.T. machines: the dose measurements performed by the physicist.
- For linear accelerators: radiation therapy surveys and calibrations performed by the physicist.