

OFFICE OF RADIOLOGICAL HEALTH
 Registration of Services of Radiation
 Generating Equipment

NRH-9 Service Personnel Registration

Verify the accuracy of the information, make any necessary changes, additions or deletions, and return all pages.

Registration #: **RS5555** Licensee/Registration Number

John Doe Research Center Facility/Licensee/Registration Name er: 555-555-5555

P.O. Box 555

FAX Number: 555-555-5555

Lincoln, NE 68508-6412

E-mail Address: johndoe@johndoe.com

Responsible Contact:

John Doe

Contact Phone: 555-555-5555

Service Types (Appropriate boxes are checked)

Training Requirement References

A Installation/Service

180 NAC 15-033

- A1 Installation/Assembly (including initial Electronic Calibration) Radiation Generating Equipment
- A2 Service/repair of Radiation Generating Equipment
- A3 Measurement of Radiation Generating Equipment Output

B Calibration:

180 NAC 15-033

- B1 Calibration of Diagnostic Radiation Generating Equipment
- B2 Calibration of CTs
- B3 Calibration of Therapeutic Radiation Generating Equipment
- B4 Calibration of Non-Medical Radiation Generating Equipment

180 NAC 15-013.01
 or 15-013.02

C Consultations:

180 NAC 15-033

- C1 Health Physics Consultations for Diagnostic Radiation Generating Facilities
- C2 Health Physics Consultations for CTs
- C3 Health Physics Consultation for Therapeutic
- C4 Health Physics Consultation for Non-Medical Radiation Generating Facilities

180 NAC 15-013.01, 15-013.02
 or 15-013.03

D Reviews:

180 NAC 15-013.02 or 15-

- D1 Area surveys and shielding reviews of Diagnostic Radiation Generating Facilities
- D2 CT Shielding Reviews
- D3 Therapeutic Reviews
- D4 Non-Medical area survey and sheilding reviews of Radiation Generating Facilities

- E Demonstration which includes energizing the radiation generating equipment**

180 NAC 15-033

- F Sales**

No training is required

- G Other:**

Dependent on service requested



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Training: At least one individual must be qualified for each of the service(s) listed. If additional personnel is added the following must be provided:

1. The name(s) of the individual(s) qualified and which service(s) the individual can provide.
2. Attach training requirements for each individual - See Regulatory Guide 2.1 - www.dhhs.ne.gov/rad
3. Each individual applying for registration must read and understand the requirements of 180 NAC 2.

Name: John Doe

Approved Service Types:

A

A1 A2 A3

C

C1 C2 C3 C4

B

B1 B2 B3 B4

D

D1 D2 D3 D4

E **F** **G**

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UNITED STATES CITIZENSHIP ATTESTATION FORM

