

List of Equipment with Radioactive Sources or Radiation Apparatus for Medical Use☐ Update☐ New application**I. Information of Establishment:**

Permit / licence no:	
Name of establishment / doctor:	
Address of establishment:	
Contact person:	Contact phone no:

II. Equipment with Radioactive Sources or Radiation Apparatus for Medical Use (Total no: _____)☐ Total pages of table: _____

1. Information of Apparatus / Equipment						2. Information of X-ray Tube			3. Environment of Facility Room			
S/N and status ¹	Name	Manufacturer, brand, model and S/N	Operational status ²	Date placed in service (yy/mm/dd)	Location / Dept/ward	S/N	Manufacturer, brand and model	Maximum voltage (kVp)	Total filtration (mm Al. eq)	Area ³ (m ²)	Materials used and thickness of the protective shield (walls / doors / windows) (mm)	Inspection organization for safety protection and Date of approved inspection (yy/mm/dd)
				Date of last check-up / calibration / repair (yy/mm/dd)				Maximum current (mA)				
								Range of exposure time (sec)				
1_____												
2_____												

1. Information of Apparatus / Equipment						2. Information of X-ray Tube				3. Environment of Facility Room		
S/N and status ¹	Name	Manufacturer, brand, model and S/N	Operational status ²	Date placed in service (yy/mm/dd)	Location / Dept/ward	S/N	Manufacturer, brand and model	Maximum voltage (kVp)	Total filtration (mm Al. eq)	Area ³ (m ²)	Materials used and thickness of the protective shield (walls / doors / windows) (mm)	Inspection organization for safety protection and Date of approved inspection (yy/mm/dd)
				Date of last check-up / calibration / repair (yy/mm/dd)				Maximum current (mA)				
								Range of exposure time (sec)				
()____												
()____												
()____												

(Where more space is required, please photocopy the above table)

- (Update) A: Change of operational status; B: Others; (New Application)
C: Replace with another x-ray apparatus or x-ray tube at the original location (If the power and specification of the new equipment / x-ray tube does not exceed the original one, the certificate of inspection for safety protection prescribed in subparagraph 2.2 of the Guideline can be exempted);
D: Addition of facility room/ x-ray equipment;
E: Alteration / change of location of facility room / x-ray equipment;
F: New construction of establishment / equipment.
- For change of operational status, notification should be made to the Health Bureau; for disposal of x-ray apparatus, notification should be made and examination will be arranged. (Operational status): o. Pending for approval; a. In use; b. Not in use (spared for possible use); c. Not in use (to be repaired); d. Not in use (unserviceable, but not planning for disposal); e. Transferred; f. Disposed; g. Unused; h. Others.
- Facility room refers to the room equipped with x-ray tube or shielded with radiation protection materials, this does not include dressing room, or location where high voltage equipment or control panel is placed.

Signature and Stamp of
Responsible Person

Date: / /