

Michigan Medicine – Radiation Producing Device Registration/Removal Form

New Device Registration

I. Contact Information

Name: Address:
Email: Phone: Department:

II. Device Information

Serial Number: Asset Tag Number:

Make: Model Number:

Max kVp: Max mA: # of Tubes:

Use: Radiographic Fluoroscopic CT Scanner Medical Accelerator

Panoramic Intraoral Bone Densitometer Lithotripter

Electron Microscope Other:

Location: Fixed Mobile* Description:

**Attn: Please indicate the building where the Mobile device will be located.*

Building: Room: Department:

III. Adding to Existing MIOSHA Registration Certificate?:

Yes Certificate No.: No Short Code: Date:

Old Device Removal, Transfer or Trade-in

Serial No.: Asset Tag: Registration No.:

Removal

Transfer New Location: New Description:

New Contact: Email:

Trade-in Vendor Name:

Comments: