



Nevada Radiation Control Program

Non-MQSA Mammography Machine
Annual Registration Form



FACILITY NAME (CERTIFICATE ISSUED FROM BUSINESS LICENSE)		TELEPHONE NUMBER	FAX NUMBER
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
NAME OF INDIVIDUAL COMPLETING FORM	TITLE	TELEPHONE NUMBER	E-MAIL ADDRESS
NAME OF PHYSICIAN WHO SUPERVISES MACHINE OPERATION			E-MAIL ADDRESS
IS THIS A LICENSED ACADEMIC INSTITUTION? <input type="checkbox"/> Y <input type="checkbox"/> N			
HAVE ALL INVOLVED PERSONNEL RECEIVED TRAINING IN SAFE INJECTION PRACTICES? <input type="checkbox"/> Y <input type="checkbox"/> N			

Previous Health Division Radiation Producing Machine Registration or Certificate? <input type="checkbox"/> Y <input type="checkbox"/> N			CERTIFICATE NUMBER
MANUFACTURER	MODEL NUMBER	CONTROL PANEL SERIAL NUMBER	

Machine Type: Analog CR FFDM DBT

Target _____ Filter _____

- Submit a survey of the Medical Physicist Annual Survey according to the manufacturer's recommendations for the machine only.

Mammography machine operator:

- Submit mammography machine operator training (ARRT (M) Registered, State of Nevada Certified Mammographer, or five documented hands-on procedures under a qualified physician or technologist.
- Commit to operating the machine according to manufacturer recommendations.

Mammography machine operations:

- Submit the P & P and review policy for the safe operation of the mammography machine.
- Commit to annual physicist surveys based on the manufacturer's recommendations for the machine only, and following any service repair that could affect safe machine operations.
- Submit, and post by the control panel, a technique chart for all exams performed.
- Commit to performing compression testing per manufacturer recommended frequency and standards.
- Commit to not performing diagnostic and screening mammograms.

Records of non-MQSA mammography machine registration:

- Commit to 3 year record retention of all mammography machine documentation.

I attest that the information provided in this application is accurate and complete to the best of my knowledge.

NAME	TITLE	SIGNATURE	DATE
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Current fee: \$500.00 per machine. Fee is nonrefundable Per NAC 459.161. Make check payable to: STATE OF NEVADA – RADIATION CONTROL PROGRAM.

All of the documentation above will be verified again at the time of inspection.

Applications that have SATISFIED ALL REQUIREMENTS may take up to four weeks for processing.

A valid certificate must be posted prior to operation of the mammography machine.