



Nevada Radiation Control Program



Mammography Machine Application for Certificate of Authorization

Addendum #1

Type of mammography machine to be registered F/S FFDM DBT

MANUFACTURER _____

MODEL _____

CONTROL CONSOLE Serial No. _____

DATE OF MANUFACTURE _____ DATE INSTALLED _____ FOCUS RECEPTOR DISTANCE (cm) _____

Target Material: W Mo Rh Ag Other _____

- Include a copy of the **Form FDA 2579**, Report of Assembly of a Diagnostic X-Ray System¹.
- Include a copy of the Post Installation Physicist Report, (Summary Pages).
- Submit a Film of the Phantom Image QC for the machine via the Mail, or provide an image in any other manner approved by the Division. To upload an image of the Phantom Image QC, contact the RCP for instructions.

¹ Or attach justification of why the **Form FDA 2579** is unavailable.