



# Nevada Radiation Control Program



## Mammography Machine Application for Certificate of Authorization

### Addendum #2

#### IMAGE RECORDING SYSTEM

#### FILM/SCREEN<sup>1</sup>

FILM					
<input type="checkbox"/> Agfa Mamoray	<input type="checkbox"/> Dupont LDS	<input type="checkbox"/> Dupont Microv	<input type="checkbox"/> Dupont MRF31	<input type="checkbox"/> Dupont SR329	<input type="checkbox"/> Fuji-MI
<input type="checkbox"/> Kodak Mini-R	<input type="checkbox"/> Kodak OM	<input type="checkbox"/> Kodak TMM	<input type="checkbox"/> Konica, CM	<input type="checkbox"/> Other: _____	
SCREEN					
<input type="checkbox"/> DuPont Lo Dose	<input type="checkbox"/> DuPont LD/2	<input type="checkbox"/> Kodak Min-R (SSS) <sup>2</sup>	<input type="checkbox"/> Kodak Min-R Fast (DSS) <sup>3</sup>	<input type="checkbox"/> Kodak Min-R Medium (SSS)	
<input type="checkbox"/> Kodak Min-R-RF	<input type="checkbox"/> Konica	<input type="checkbox"/> Monarch	<input type="checkbox"/> Other _____		
<p>Is the above a change from system used from previous certificate? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Digital System _____</p> <p style="text-align: center; font-size: small;">IDENTIFY PRINTER SYSTEM</p>					

#### PROCESSOR<sup>4</sup>

_____ MANUFACTURER	_____ MODEL NUMBER	_____ CHEMISTRY TYPE	_____ OPERATING TEMP (C/F)	_____ TIME IN DEVELOPER SOLUTION
<b>Dedicated to Mammography only?</b> <input type="checkbox"/> Y <input type="checkbox"/> N				

_____ MANUFACTURER	_____ MODEL NUMBER	_____ CHEMISTRY TYPE	_____ OPERATING TEMP (C/E)	_____ TIME IN DEVELOPER SOLUTION
<b>Dedicated to Mammography only?</b> <input type="checkbox"/> Y <input type="checkbox"/> N				

<sup>1</sup> Identify each type. If film and screen do not bear the same brand, provide manufacturer's statement of compatibility

<sup>2</sup> Single-sided screen

<sup>3</sup> Double-sided screen

<sup>4</sup> Complete one section for each processor