



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 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.

Mammography machine operator:

Only qualified individuals are authorized to operate a Non-MQSA Mammography Machine.

A Non-MQSA Mammography Machine Operator must meet one of the following training requirements to be a qualified individual. Provide a copy of documentation showing:

1. A current AART (M) credential, OR
2. A current Nevada State Certified Mammographer certificate, OR
3. Have documentation showing five (5) hands-on training procedures supervised by an individual listed above, OR an individual previously qualified through the process above, OR provide an attestation of training if received prior to March 8th, 2017. The attestation of training must be acceptable by the Division and include (5) Hands-on training procedures. Hands-on training procedures must include the proper use and operation of the compression device.

Commit to operating the machine according to manufacturer recommendations.

Mammography machine operations:

Submit the Policy & Procedure and review policy for the safe operation of the Non-MQSA mammography machine.

Submit annual physicist surveys based on the manufacturer's recommendations, 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 Non-MQSA 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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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 Non-MQSA mammography machine.