



DHEC USE ONLY: Registration # _____ Check # _____ Amount \$ _____

Date approved: _____ By: _____

OUT OF STATE FACILITY REGISTRATION APPROVAL REQUEST

Facility Name: _____

Location Address: _____ Contact person: _____

Phone: _____

Mailing Address: _____ Fax: _____

E-mail: _____

Radiation Safety Officer: _____

Qualifications as RSO: _____

List all Doctors, with license numbers, practicing at this Facility (All License #'s will be verified):

| Name | License # | Expiration Date |
|------|-----------|-----------------|
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For more information regarding licensing in South Carolina, please refer to: <http://www.llr.state.sc.us/>.

Per Title B Regulations, operators must hold a valid certificate issued by the South Carolina Radiation Quality Standards Association (SCRQSA). Contact the SCRQSA (<http://www.scrqsa.org>) for more information regarding these certificates.

| Operator Name | SCRQSA # | Expiration Date |
|---------------|----------|-----------------|
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Equipment Type (refer to list on instructions page): _____

Facility Type (refer to list on instructions page): _____

Installation Type (truck, van, etc.): _____

Digital: Yes or No If the unit is installed in a truck, van, etc., then also include a copy of the radiation area survey.

Shielding Plan log #, if applicable _____

Operating Schedule:

No person shall bring any radiation machine into the state, for any temporary use, unless such person has given written notice to the agency at least five (5) working days before the machine is to be used in the state. This notice must include the type of radiation machine/ the nature, duration, and scope of use; and the exact location(s) where the radiation machine is to be used.

This notice may be submitted by mail at SCDHEC - Bureau of Radiological Health - X-ray, 2600 Bull Street, Columbia, SC 29201. Or by FAX at (803) 545-4412. This notice shall be submitted on form number DHEC xxxx.

Mammography Facilities:

Mammography facilities certified by another Certifying Agency (state or FDA) must have the following documentation available for review and inspection by the Department at all times while operating in South Carolina:

- A copy of the mammography facility certificate issued by the FDA or another State, showing that the facility is currently certified.
 - A summary of the most recent physics survey of the mammography machine(s) and documentation of any corrective actions recommended by the medical physicist who performed the physics survey.
 - Documentation that personnel meet the training and continuing experience requirements of MQSA. To include technologists and radiologists.
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ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM:

- Application Fee of \$62.50 - *This request cannot be processed without this fee.*
- Shielding Plan, if applicable-If shielding plan has already been accepted, put the log number here _____.
- If sending a shielding plan, include the shielding plan review fee of \$62.50.
- Operating Schedule (Mobile Facilities Only).

Signature of RSO: _____
This request cannot be processed without the signature of the RSO.

Please Return To:

S.C. Department of Health and Environmental Control

Bureau of Radiological Health

X-ray Facility Registration

2600 Bull Street

Columbia, SC 29201

(803) 545-4400 FAX (803) 545-4412

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF RADIOLOGICAL HEALTH
OUT OF STATE FACILITY REGISTRATION APPROVAL REQUEST**

PURPOSE:

This form is for the Out-of-State Facility Registration Approval Request. Any facility planning to bring an x-ray producing machine into South Carolina for use shall apply for and receive an Out-of-State Facility Registration Approval prior to operation of the x-ray machine in South Carolina.

ITEM BY ITEM INSTRUCTIONS:

Facility Name – This refers to the person or company planning to operate an Out of State x-ray facility.

Location Address – Give the address where the out-of-state company will be physically located, if different from the mailing address.

Contact person – The person responsible for the submission of this request.

Phone – Self-explanatory.

Mailing Address – Give the Street, City, State, Zip Code.

Fax – Self-explanatory.

E-mail – Self-explanatory.

Radiation Safety Officer (RSO) – Give the name of the person who will be responsible for radiation protection at the facility.

Qualifications of RSO – List the qualification/training of the RSO.

Doctors at the facility - Give the name, SC license number, and expiration date of each doctor practicing at this facility.

Operator Name, SCRQSA #, Expiration Date – Indicate the name of each operator including their South Carolina Radiation Quality Standards Association (SCRQSA) #, and the date of expiration.

Equipment Type – Indicate the equipment type using the list below.

Facility Type – Indicate the facility type using the list below.

Installation Type – Indicate how the equipment is installed. (i.e. in a truck, van, etc.)

Exams performed – List the types of exams that are performed.

Enclose the Following Items with this Form – Indicate by checking the items enclosed with this form.

OFFICE MECHANICS AND FILING:

When the Out of State FRA request forms are received, stamp the form and all attachments with the date received. After review and approval, the form and all attachments are placed into the registrant’s file, and the Out of State FRA approval is returned to the registrant for their records.

Type of Facility

Academic Security
Analytical/Industrial Veterinarian
Chiropractic Other (Specify)
Dental
Hospital
Medical
Podiatry
Prison
Radiation Therapy

Type of Equipment

| | | | |
|-----------------------------|---------------------|---------------------------------|----------------------------------|
| Accelerator (Non-human use) | CT Simulator | Panoramic | X-ray fluorescence (Non-medical) |
| Baggage Checker | Dental (Intraoral) | PET/CT Scanner | X-ray gauge |
| Bone Densitometer | Dental CT | Radiographic | Other (Specify) |
| Cabinet x-ray | Diffraction | Simulator | |
| C-arm fluoroscopic | Electron Microscope | Shielded Room (Radiographic) | |
| Cephalometric | Fluoroscopic | Spectograph | |
| Ceph/Dental | Lithotripter | SPECT/CT Scanner | |
| Combination (Rad & Fluoro) | Mammography | Stereotactic | |
| CT Scanner | O-arm Fluoroscopic | Therapy (Accelerator human use) | |