## **Manitoba Health REGISTRATION OF X-RAY EQUIPMENT**



	Business nan	ness name of machine owner						
2.	Business add	ss address of machine owner						
3.	Location of M	Machine, Room #, Vault #						
PRIOF	R TO such chan	ge. Mail to: Radia	otection Division of ation Protection Car , Fax (204) 775-168	ncerCare Manitoba				
4.	Nature of mad	chine use (check	where applicable)					
	Diagnos	stic Type:		Industry		Research		
	Therapy	y Type:		\ \_ \_	eterinary [	☐ Dental		
5.	RED Act Comp	liant: 🗌 Yes 🗌 No	CSA or Equiv	valent Approved:	Yes ☐ No Typ	e		
	Medical Device	Licence: 🗌 Yes	□No					
MDL Li	icence No.(Genera	ator)	MDL	Licence No.(Tube)				
Note:	Checking the	"Yes" hox indica	tes that you are aw	are of the Medical	Device Licence Red	gulation)		
).	Machine 1		ics that you are aw	are or the medical	Device Licence Ive	guiation,		
	☐ Statio	•	Mobile [	] Portable	☐ Handheld			
		ліагу 🗀 і	wobile	] Fortable	☐ Handrield			
<b>7</b> .	Is this machine	a replacement?	☐ Yes ☐ No	If "Yes", please i	ndicate machine beir	ng replaced:		
Иаке	Model			CancerCare Registration				
3.				Numbe	Number			
<i>,</i> .	Component			T				
		Conorator	Y_Pay Tubo	Y Pay Tubo	Eluorosconic	Eluorosconio		
	Component Description	Generator	X-Ray Tube Housing	X-Ray Tube Insert	Fluoroscopic Tube Housing			
ı) Mar		Generator				Fluoroscopio Tube Insert		
	Description	Generator						
) Mod	<b>Description</b> nufacturer	Generator						
) Mod ) Mod	<b>Description</b> nufacturer del Name	Generator						
o) Mod c) Mod d) Seri e) Sup	Description nufacturer del Name del Number ial Number oplier	Generator						
) Mod ) Mod ) Seri ) Sup ) Ene	Description nufacturer del Name del Number ial Number oplier ergy	Generator						
) Mod ) Mod ) Seri e) Sup ) Ene	Description nufacturer del Name del Number ial Number oplier	Generator						
o) Mod c) Mod d) Seri e) Sup f) Ene g) Mar	Description nufacturer del Name del Number ial Number oplier ergy nufacture Date	Generator  ner of Equipment	Housing		Tube Housing	Tube Insert		
) Mod c) Mod d) Seri e) Sup ) Ene g) Mar	Description nufacturer del Name del Number ial Number oplier ergy nufacture Date		Housing	Insert ointed Radiation Safe	Tube Housing	Tube Insert		
o) Mod c) Mod d) Seri e) Sup ) Ene g) Mar	Description nufacturer del Name del Number ial Number oplier ergy nufacture Date  Registered Own		Housing  Appe	ointed Radiation Safe	Tube Housing	Tube Insert		
o) Mod c) Mod d) Seri e) Sup f) Ene g) Mar	Description nufacturer del Name del Number ial Number oplier ergy nufacture Date  Registered Ow		Appe Nar Title Pho	ointed Radiation Safe	Tube Housing	Tube Insert		
o) Mod c) Mod d) Seri e) Sup f) Ene	Description nufacturer del Name del Number ial Number oplier ergy nufacture Date  Registered Own		Appe Nar Title Pho	ointed Radiation Safe	Tube Housing	Tube Insert		

## 10 OFFICIAL LISE ONLY

10. OFFICIAL USE ONLY						
Date Received	Date returned	Reviewed by	Registration number			
Payigad April 27/2011						