CONTROL/GENERATOR REPLACEMENT NOTIFICATION (CGRN)

***Full system replacement requires a shielding plan (Form DHEC 0846) and applicable review fee.**

Facility Name: _____ **Registration #:** _____

Location Address: _____ **Contact person**: _____

_____ **E-mail:** _____

Mailing Address: _____ **Phone:** _____

_____ **Fax:** _____

Replacement Type: ☐ **Control** ☐ **Generator** ☐ **Other (specify)** _____

Equipment Location (Room #): _____

Current Shielding Log #: _____ **Date of replacement:** _____

***Cannot be a previous ERN log #** ***Form must be submitted within 30 days of replacement**

****Attach a copy of the shielding plan that was reviewed and certified above. Forms that do not have the shielding plan attached will not be reviewed.***

Equipment type (refer to list): _____

Shielding Vendor Name: _____ **Registration #:** _____

Location Address: _____ **Contact person**: _____

_____ **E-mail:** _____

Mailing Address: _____ **Phone:** _____

_____ **Fax:** _____

Vendor Class (Check all that apply): ☐ **Class III** ☐ **Class IV** ☐ **Class V** ☐ **Class VII** ☐ **Class VIII** ☐ **Class IX**

By my signature, I certify that this is a like for like replacement with no other changes which would render the original shielding plan inaccurate, as required by RHB 4.4.2 in Regulation 61-64. Changes include but are not limited to equipment orientation, maximum technique factors, workloads as previously submitted, and occupancies of the surrounding areas as previously submitted.

Vendor Representative (print): _____ **Vendor Representative (signature):** _____

Sales Vendor Name: _____ **Registration #:** _____

Location Address: _____ **Contact person**: _____

_____ **E-mail:** _____

Mailing Address: _____ **Phone:** _____

_____ **Fax:** _____

DHEC use only:

S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF RADIOLOGICAL HEALTH
CONTROL/GENERATOR REPLACEMENT NOTIFICATION FORM

PURPOSE: This form is for the notification of x-ray control/generator replacement. Any facility planning to replace an x-ray control or generator shall notify the Department within 30 days of replacement.

ITEM BY ITEM INSTRUCTIONS:

Facility Name – Indicate the name of the person or company planning to replace an x-ray control/generator.
Registration # - Indicate the registration number under which the facility is registered with this Department.
Location Address – Indicate the address where the machine is physically located, if different from the mailing address.
Contact person – The person responsible for the x-ray equipment to be replaced.
E-mail – Self-explanatory.
Mailing Address – Indicate the Street, City, State, Zip Code.
Phone – Self-explanatory.
Fax – Self-explanatory.
Replacement Type – Indicate what type of replacement will take place. Full system replacement is not eligible for this notification and requires a complete shielding plan (Form DHEC 0846) and applicable review fee.
Equipment location – Room number or other indication where the unit will be located within the facility.
Current Shielding log # - Indicate the log # of the current shielding plan.
Date of replacement– Self-explanatory.
Equipment Type – Indicate the equipment type using the list below.
Shielding Vendor name – Indicate the name of the vendor submitting the notification.
Registration # - Indicate the shielding vendor's registration #.
Location address – Indicate the Street, City, State, Zip Code.
Contact person – Indicate the name of the shielding vendor contact person.
E-mail – Self-explanatory.
Mailing address – Indicate the Street, City, State, Zip Code.
Phone – Self-explanatory.
Fax – Self-explanatory.
Vendor Class – Check the appropriate vendor classes of the shielding vendor.
Vendor Representative – Printed name of person certifying notification. Must be registered employee.
Vendor Representative – Signature of person certifying notification. Must be registered employee.
Sales Vendor Name – Indicate the name of the vendor selling the replacement component.
Registration # - Indicate the sales vendor's registration #.
Location address – Indicate the Street, City, State, Zip Code.
Contact person – Indicate the name of the sales vendor contact person.
E-mail – Self-explanatory.
Mailing address – Indicate the Street, City, State, Zip Code.
Phone – Self-explanatory.
Fax– Self Explanatory.
DHEC use only – Document will be stamped with review date and the new log #.

OFFICE MECHANICS AND FILING:
When the Control/Generator Replacement Notification forms are received, stamp the form with the date received. After review and approval, the form is stamped with the date of review and the new log # and filed in the facility file. The retention schedule series for this form is 11908- X-Ray Files

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Type of Equipment

Accelerator (Non-human use)
Baggage Checker
Bone Densitometer
Cabinet x-ray
C-arm fluoroscopic
Cephalometric
Ceph/Dental
Combination (Rad & Fluoro)
CT Scanner
CT Simulator
Dental
Dental CT
Diffraction Electron
Microscope
Fluorscopic
Lithotripter
Mammography
Mammo/NHU
O-Arm
Panoramic
Pan/ Dental
Pan/Ceph
PET/CT
Radiographic
Simulator
Spectrograph
Stereotactic Mammo
Therapy (Accelerator human use)
X-ray fluorescence (Non-medical)
X-ray gauge
Other (Specify)