California Department of Public Health - Radiologic Health Branch

# New Facility Registration

This is a PDF guide on how to complete the online New Facility Registration form.

Access our online Radiation Machine Registration portal and fill out the questionnaire to be directed to the appropriate radiation machine forms. Please complete the New Facility Registration form to register your new facility's radiation machines.

Please note that Internet Explorer does not work for this portal.

**Title 17, California Code of Regulations requires that**:
**§ 30108. Registration Requirement** – "every person not already registered who acquires a reportable source of radiation shall register with and pay the fee as specified in Section 30145 to the Department within 30 days of the date of acquisition."
**§ 30115. Report of Change** – *"the registrant shall report in writing to the Department, within 30 days, any change in: registrant's name, registrant's address, location of the installation, or receipt, sale, transfer, disposal, or discontinuance of use of any reportable source of radiation."*

## Complete the New Facility Registration Form If…

➢ Your facility, business, or practice possesses one or more radiation machine(s)

AND

➢ Does not already have a California issued facility registration number (FAC XXXXX) from the California Department of Public Health – Radiologic Health Branch

**NOTE: If you have purchased a facility from a previous (ownership change), use this form because *registrations are NOT transferrable*.**

## Machine Information

Before completing the New Facility Registration form, be sure to have the following information on hand:

- o Manufacturer
- o Model
- o Date Acquired/Removal Date
- o Room (area that the machine is stored in)
- o Number of Radiation (X-ray) Tubes

Note: If you have purchased a previously owned machine and you are including that in your registration, the **Date Acquired is the date that you took possession of the machine**.

# Section 1 – Facility Information

**Facility Information**

Please select No or Yes to the following three questions:

- Is this submission related to a violation issued by CDPH-RHB?
- Is the facility a mammography provider?
- Does your facility use X-ray machines with energies that exceed 500kVp?

Type of Facility – select the type that best describes your facility. Our health physicists rely on this information to ensure that your machines are coded correctly.

**Facility Contact Information**

Enter the First name, Last name, email address, and phone number of an individual that a Radiologic Health Branch representative may contact regarding any information provided on the form.

**Registrant Information**

Enter the Registrant name (name of facility, business, or practice), DBA name, and Business Phone Number of the facility.

**Physical Address**

Enter the address where the radiation machine is installed. *If you only possess mobile machines, enter the physical address where the mobile machines are stored during non-business hours.*

Enter the mailing address.

*Once this section has been completed, you may click Next at the bottom of your form.*

# Section 2 – Machine Inventory

Here, you will individually fill in the information for all the machines that are in your inventory.

You will need all your machine information, including manufacturer, model, date acquired, and number of x-ray tubes.

To begin adding machines, select the Add Machine button. A pop-up window will appear. Fill in in the information for the machine.

When you get to the Type Code Category, select from the drop-down menu. Your selected type code category will populate a drop-down menu with various type codes listed. Review the type codes description and select the category that best describes the machine you are registering. Once you have completed all the new machine information, select the Create button.

**Note that each radiation machine needs to be entered separately. You may not list just one machine with multiple tubes unless the unit has more than one tube.**

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Select Add Machine if you have additional machines to add. All the machines you have entered are compiled into a list.

*If you are finished with adding machines, select Next at the bottom of the form.*

## Section 3 – Review

Once you have completed the information in Sections 1 and 2, review this entire page to ensure that you have entered everything correctly.

Please note that if there are any discrepancies with the information that you have submitted, there could be a delay in processing.

*Select the Next button at the bottom of the page once you have reviewed the information.*

## Section 4 – Sign & Submit

Please fill in your full name and title. Then sign the form using your mouse.

*When you are finished, select the Submit button.*

## Submission Confirmation

Once you have submitted your form, you will be taken to your submission confirmation page.

You may print to save a copy of your form submission. **Please make note of your Form Tracking ID.**

Should you need to inquire about the status of your form submission, this number will be needed for reference.

## What's Next?

You will receive a submission confirmation email if your form was successfully submitted:
"… has been successfully submitted to the California Department of Public Health, Radiologic Health Branch (CDPH-RHB)."

Once your form has been reviewed by our health physicists, you will receive an email with the option to pay for your initial registration online. If CDPH-RHB does not receive an online payment within 14 calendar days after we request payment, an invoice will be mailed out once your form has been processed.

Facilities that have **paid** for their initial registration may visit the RHB Radiation Machine Registration on the Web to verify that their facility's radiation machines have been registered with CDPH-RHB. Please allow up to **two business days** after receiving confirmation that your form has been processed to verify your registration using the verification webpage.

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# Additional Resources

If you have any questions or concerns regarding x-ray machine registration, please reach out and be sure to provide your full name, facility name, FAC number, and phone number along with your inquiry.

**Email**: XrayRegistration@cdph.ca.gov

**Phone**: (916) 327-5106

**Link to Registration Frequently Asked Questions**: FAQs