



phone (609) 984-5463
fax (609) 984-5811

MACHINE DISPOSITION FORM

INSTRUCTIONS: Complete all information indicated on this form. Owner/representative signature is required. Form must be completed within 30 days of changes to comply with N.J.A.C. 7:28-3.9(a, b). Failure to inform the Bureau within 30 days may result in violations and possible penalties being issued to the registrant.

FACILITY NAME _____

ADDRESS _____

FACILITY NUMBER _____

REGISTRATION NUMBER	DISPOSAL DATE	DISPOSITION CODE	MODEL NUMBER	SERIAL NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please place the number of the disposition code that best describes the registration status of your X-ray machine in the disposition code column.

DISPOSITION CODES

- | Code | Description |
|---------|---|
| 1 | Sold, traded, or donated to a person, company, or facility. |
| 2 | Moved to second office; same owner. Indicate address below. |
| 3 | Junked the X-ray machine. |
| 4 | Moved out of state. |
| 5 | Stored, deactivated the unit; not in use. |

If code 1 or 2 is used, please indicate name and address below.

If your facility has gone out of business, please indicate where the films will be stored, so patients can retrieve them if they are needed.

Owner/Representative Signature Date

BUREAU USE ONLY

BRH Representative Date