



STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF X-RAY COMPLIANCE
PO BOX 420, MAIL CODE 25-01,
TRENTON NJ 08625-420

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

MACHINE DISPOSITION FORM

INSTRUCTIONS: Complete all information indicated on this form.
Owner/representative signature required.
Form must be complete within 30 days of changes to comply with N.J.A.C. 7:28-3.9(a,b).

FACILITY NAME _____

ADDRESS _____

FACILITY NUMBER _____

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

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

DISPOSITION CODES

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/or 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

BXC Representative

Date