

XRay Imaging Consultants Ltd.

PO Box 474

Orangeville, ON L9W 4C3

(519) 938-2500

Registration # _____

Section 1: Applicant information

This application is made by: *

Employer Agent for the employer (equipment supplier, contractor, architect, engineer, etc.)

Employer information

Employer legal name * Type (corp/sole proprietorship)

Employer Operating Name (your hospital/clinic/service) Telephone number *

Contact Name (who can we call if we have questions about this application?) Email Address

Unit number	Street number *	Street name *	Street type	
Street direction	PO box	City/town *	Province *	Postal code *

Nature of the employer's business (Select one category only) * Nature of the Application

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Veterinarian | <input type="checkbox"/> Research and development | <input type="checkbox"/> New Facility | <input type="checkbox"/> Additional Sources |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Education and training | <input type="checkbox"/> Replace old sources | <input type="checkbox"/> Purchase existing facility |
| | | <input type="checkbox"/> Relocation of sources | <input type="checkbox"/> Change of structure/shielding |
| | | <input type="checkbox"/> Conversion to digital | <input type="checkbox"/> Other |

Employer contact information

Last name * First name * Telephone number *

Position or title *

Clinic Information

Clinic Name Name of RPO or Medical Director

Unit number	Street number *	Street name *	Street type	
Street direction	PO box	City/town *	Province *	Postal code *

Section 2: X-ray source inventory

No	Make *	Model/Serial Number *	Category *	Physical location of X-ray source *	Responsible Person *	Date installed/proposed *
1.		Model Serial Number Portable or mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No Max kVp * Max mA *	<input type="checkbox"/> Veterinary <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet (walk in) <input type="checkbox"/> Analytic <input type="checkbox"/> Industrial <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Installed <input type="checkbox"/> Proposed installation <input type="checkbox"/> Non-possession Date (yyyy/mm/dd)

Section 2: X-ray source inventory continued

No	Make *	Model/Serial Number *	Category *	Physical location of X-ray source *	Responsible Person *	Date installed/proposed *
2.		Model <hr/> Serial Number <hr/> Portable or mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No Max kVp * _____ Max mA * _____	<input type="checkbox"/> Veterinary <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet (walk in) <input type="checkbox"/> Analytic <input type="checkbox"/> Industrial <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Installed <input type="checkbox"/> Proposed installation <input type="checkbox"/> Non-possession Date (yyyy/mm/dd)

No	Make *	Model/Serial Number *	Category *	Physical location of X-ray source *	Responsible Person *	Date installed/proposed *
3.		Model <hr/> Serial Number <hr/> Portable or mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No Max kVp * _____ Max mA * _____	<input type="checkbox"/> Veterinary <input type="checkbox"/> Cabinet <input type="checkbox"/> Cabinet (walk in) <input type="checkbox"/> Analytic <input type="checkbox"/> Industrial <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Installed <input type="checkbox"/> Proposed installation <input type="checkbox"/> Non-possession Date (yyyy/mm/dd)

Attestation

I confirm that I am the employer or am authorized to complete and submit this form as the agent of the employer. I hereby certify that the information provided is true and correct to the best of my knowledge. *

Last name of person completing this form *		First name of person completing this form *
Position/Title *	Email address *	Date (yyyy/mm/dd) *

Please print out this page to use the grid to show a floorplan of your room, including doors (showing which way they swing), windows, and placement of equipment.

Door Construction: _____

North wall

length: _____

adjoining area: _____

wall construction: _____

East wall

length: _____

adjoining area: _____

wall construction: _____

South wall

length: _____

adjoining area: _____

wall construction: _____

West wall

length: _____

adjoining area: _____

wall construction: _____

Floor

construction _____

adjoining area _____

Ceiling

height: _____

construction: _____

adjoining area _____

