

Submit to: Radiation Protection, CCMB
 Rm ON2118N, 675 McDermot Ave
 Medical Physics Department, Wpg, MB, R3E 0V9
 T: 204-787-4145 F: 204-775-1684
 E: CCMBMPX-rayCompliance@cancercare.mb.ca

The x-ray equipment owner must notify Radiation Protection, CCMB, of any new and/or change(s) in x-ray equipment, its use and/or location(s), PRIOR to such change(s).

[Click here to submit form when complete](#)

1.	Date Submitted:	Date:			
2.	Facility or Business Name (with X-ray Equipment):	Name:			
		Dept:			
3.	Facility or Business Address (with X-ray Equipment):	Street:			
		City Town:			
		Postal Code:			
4.	Location of X-ray Equipment:	Room Name or Number:			
5.	Registered Owner of X-ray Equipment:	Name (with designation) or Organization:			
		Phone:			
		Email:			
6.	Nature of X-ray Equipment Use (check where applicable):				
	Diagnostic	Veterinary	Industry	Therapy	Research
	Dental: Indicate type ➔	Intraoral	Panoramic	Cephalometric	CBCT
7.	a) Red Act Compliant RED Act :		Yes	No	
	b) CSA or Equivalent Approved:		Yes	No	
	c) Health Canada Medical Device Licence:		Yes	No	
	(Medical Devices Active Licence Listing (MDALL) Search: Active Licence Search)				
MDL Licence No. (Generator):		MDL Licence No. (X-ray Tube):			
8.	Is this x-ray equipment a replacement or relocation? Yes No				
	If "Yes", which x-ray unit?	CancerCare MB Radiation Protection X-ray Equipment Registration No.:			
9.	X-ray Equipment Type:	Stationary	Mobile	Handheld (Portable)	
	X-ray System Description (Generator):	Manufacturer Name:		Manufacture Date:	
		Model Name or No.:		Serial Number:	
	X-ray Tube Housing:	Manufacturer Name:		Manufacture Date:	
		Model Name or No.:		Serial Number:	
	X-ray Tube Insert:	Manufacturer Name:		Manufacture Date:	
Model Name or No.:		Serial Number:			

THE REGISTRATION OF THIS X-RAY EQUIPMENT DOES NOT IMPLY APPROVAL FOR ITS OPERATION

10.	OFFICIAL USE ONLY		
	Date Registered:	Registered by Radiation Protection Officer, CCMB:	CCMB Radiation Protection X-ray Equipment Registration Number: