University of Cincinnati
Radiation Control and Safety Program
Inoperable X-ray/Radiation Generating Equipment (RGE) Form

(1) RGE Facility Location []East Campus   []West Campus   []BAC   []Reading Campus
[]-CCHMC-Main Campus   []CCHMC-________   []________________

(2) ODH Registration Number ______________________________________________

(3) Type of Unit __________________________________________________________

(4) Specific Location (Building/Room) ________________________________________

(5) Condition of Unit ______________________________________________________

(6) Reason Inoperable _____________________________________________________

(7) Manufacture ___________________ Model _______________ Serial #___________

I (print CP name) ____________________________________ hereby verify that the
x-ray/RGE unit described above is currently inoperable. I understand that I must
notify the Radiation Safety Office by phone (558-4110) if the condition of the unit
changes. Please request the Radiation Safety Officer or the Radiation Safety
Specialist overseeing radiation generating equipment. This notification includes if
the x-ray/RGE unit is made operable and/or prior to disposal of the equipment.

__________________________________       ____________________________
(CP/CP representative)                                             ( Date)

The Radiation Safety Office has received the above notification and verified the unit is
correctly classified in the University of Cincinnati inventory and with the Ohio
Department of Health. The Radiation Safety Office will update the Ohio Department of
Health upon notification and verification of a change in conditions.

__________________________________       ____________________________
(Radiation Safety Specialist)                                         ( Date)

This form must be posted on the inoperable x-ray/RGE unit.

University of Cincinnati
Radiation Safety Office
ML 0591
(513) 558-4110
Fax: (513) 558-9905

Original: RSOF
Post copy on unit
CP maintain copy

RS Form 39