

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

- (1) RGE Facility Location  East Campus  West Campus  UCBA  Reading Campus  
 UC Clermont 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 IR/IR Rep name) \_\_\_\_\_ hereby verify that the x-ray/  
RGE unit described above is currently inoperable. I understand that I must notify the Radiation  
Safety Office if the condition of the unit changes. This notification includes if the x-ray/RGE  
unit is made operable and/or prior to disposal of the equipment.

(IR/IR 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 Office Representative)

\_\_\_\_\_  
(Date)

This form must be posted on the inoperable x-ray/RGE unit.  
RSOf: Maintain copy with RGE audit.

**University of Cincinnati**  
**Radiation Safety Office**  
**(513) 558-4110**