



RADIATION MACHINE FACILITY REGISTRATION SUPPLEMENT

Registration number - _____
(to be assigned by ADH)

RC FORM 200S is a supplement to RC FORM 200 when registering more machines than RC FORM 200 will allow. Complete as many supplements as necessary. All forms must be submitted, together, to the following address: **Arkansas Department of Health, Radiation Control Section, X-ray Program, 4815 West Markham Street, Slot 30, Little Rock, Arkansas, 72205-3867.** Submissions not requiring a fee can also be faxed to (501) 280-4993. Please print or type all entries. For questions, call the X-ray Program at (501) 661-2378.

Facility Name:	Applicant/Registrant Name:*
	*if different from facility name
Facility Physical Address:	Date:

Room No. or Machine Location	Machine Use Code	Control Panel Manufacturer	Control Panel Model Number	Control Panel Serial No.	No. of Tubes	Status Code

Description of machines marked as "Other Units," if applicable:

Name of installer or transferee, as applicable:	Telephone Number:
Address:	Fax Number: