Michigan Department of Licensing and Regulatory Affairs
Radiation Safety Section

X-RAY SUPPLIER'S QUARTERLY REPORT OF INSTALLATIONS

SUPPLIER NAME: _____ **BEGINNING DATE:** _____

ADDRESS: _____ **ENDING DATE:** _____

_____ **PAGE** _____ **OF** _____

TELEPHONE: _____

FOR AN EXISTING FACILITY PROVIDE THE FACILITY REGISTRATION NUMBER.
UNDER "INSTALLATION LOCATION": PROVIDE COMPLETE LOCATION NAME & ADDRESS, INCLUDING PHYSICIAN DEGREE TYPE.
PLEASE TYPE OR PRINT.

FACILITY REGISTRATION # IF CURRENTLY REGISTERED	INSTALLATION LOCATION (NAME & ADDRESS WHERE MACHINE WAS INSTALLED)	INSTALLATION DATE	MAKE/MODEL	MAX KVP	MAX MA	# OF TUBES	INTENDED USE	MACHINE TAG NUMBER

SEND TO: **LARA/MIOSHA/RADIATION SAFETY SECTION**
530 WEST ALLEGAN STREET
P.O. BOX 30643
LANSING, MICHIGAN 48909-8143
TELEPHONE: (517) 284-7820
WEBSITE: www.michigan.gov/rss

_____
SIGNATURE **TITLE** **DATE**

MIOSHA-RSS-32 (Rev. 5/16)
Authority: 1978 PA 368, as amended
Completion: Mandatory by R 333.5046

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