MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
X-RAY SUPPLIER'S QUARTERLY REPORT OF INSTALLATIONS

SUPPLIER NAME: ______________________________

ADDRESS: ______________________________

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TELEPHONE: ______________________________

BEGINNING DATE: ____________

ENDING DATE: ____________

PAGE ________**OF**________

UNDER "LOCATION": PROVIDE COMPLETE LOCATION NAME & ADDRESS, INCLUDING PHYSICIAN DEGREE TYPE. FOR AN EXISTING FACILITY, ALSO PROVIDE MDCH REGISTRATION CERTIFICATE NUMBER. 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: MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BHS, RADIATION SAFETY SECTION
P.O. BOX 30664
LANSING, MICHIGAN 48909
TELEPHONE: (517) 241-1989
Website: www.michigan.gov/rss

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SIGNATURE **TITLE** **DATE**

BHS/HFS-32 (Rev. 4/11)
Authority: 1978 PA 368, as amended
Completion: Mandatory by R 325.5195

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