

Harvard University

X-Ray Registration Termination Form



Return to: Harvard University Radiation Protection Office
46 Blackstone Street; Cambridge, MA 02139
Email: radiation_protection@harvard.edu

Permit Holder: _____

Facility Name: _____

Address: _____

Room Number: _____

Telephone Number: _____

X-ray Manufacturer: _____

X-ray Model: _____

X-ray Serial Number: _____

The following information is provided in accordance with 105 CMR 120.030: "Report of Changes".
Please check off the items below which are applicable to your registered unit.

- The x-ray referenced above has been removed by an authorized service provider. Attached is a copy of the receipt from the service provider that removed the unit.

- The x-ray unit was disposed of at the town's hazardous waste site with its power cord cut. Specify town hazardous waste site: _____

- The x-ray unit was transferred to:
Name: _____
Address: _____
Telephone: _____

I, the X-ray Permit Holder, hereby certify that the x-ray unit is no longer in my possession and request that the above referenced registration be terminated.

Date: _____

Signature: _____

Title: _____