Condition 7 of service company registrations requires the notification of any sale, lease, transfer, loan, disposal, assembly, or installation of radiation machines in the state. The enclosed DRC-23 form (Report of Assembly of a Radiation Source), the FDA 2579 form, or any document that meets LAC 33:XV.211.A can be submitted to fulfill this requirement.

This form may be submitted to LDEQ by mail or email below.

**DEPARTMENT OF ENVIRONMENTAL QUALITY**

**OFFICE OF ENVIRONMENTAL COMPLIANCE**

**LICENSING & REGISTRATIONS SECTION**

**POST OFFICE BOX 4312**

**BATON ROUGE, LOUISIANA 70821-4312**

**OR**

**E-MAIL:LDEQRadiationlicensing@la.gov**

**Report of Assembly of a Radiation Source DRC-23 (03/2024)

Date of Transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Assembler Information:** |
| **Company Name/Facility Name** | **Agency Interest No./Registration No. (if known):** |
| **Street Address**  | **City & State** | **Zip Code** |

|  |
| --- |
| **Equipment Location:** |
| **Company Name/Facility Name** | **Agency Interest No./Registration No. (if known):** |
| **Contact Person** | **Phone Number** |
| **Street Address**  | **City & State** | **Zip Code** |
|

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| --- |
| **Control Panel Information:**  *Use only information from the Control Panel* |
| **a. Manufacturer** | **b. Model Number** | **c. Serial Number** |
|  |  |  |
|  |  |  |

**Type of Installation**□ New Installation\* □ Part Change/Reassembly □ Disposition\*□ \*DRC-6 Form (Application for Registration of Radiation Source) was/will be submitted to LDEQ by facility**Type of Source:** □ Fixed □ Mobile □ Handheld |

|  |  |  |  |
| --- | --- | --- | --- |
| **A. Medical X-Ray** Fluoroscopic w/ Image Intensifier Fluoroscopic w/o Image Intensifier Combination \*w/ Image Intensifier Combination \*w/o Image Intensifier Radiographic Photofluorographic Mammography CT Bone Densitometer\*Radiographic & Fluoroscopic Combination |  Deep Therapy Superficial Therapy Special Procedures Angiography Podiatry**B. Dental X-Ray** Conventional  Panoramic Cephalometric CBCT  | **C. Accelerator** Neutron Generator Van de Graaff Linear Accelerator**D. Other X-Ray** Industrial Radiography Diffraction Apparatus Cabinet Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **E. Educational Institution** Medical X-Ray Dental X-Ray Other X-Ray**F. Veterinary** Radiographic Dental |

**Assembler Certification:**

All radiation machines and the supplies used in connection with such machines, when properly placed in operation and used, meet the requirements of LAC 33:XV. This is to certify that, to the best of my knowledge and belief, all information contained herein is true and correct.

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| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | Printed Name  | Signature of Responsible Party |
|  |  |  |