# Report of Assembly of a Radiation Source

## Date of Transfer: ______________

### Assembler Information:

<table>
<thead>
<tr>
<th>Company Name/Facility Name</th>
<th>Agency Interest No./Registration No. (if known):</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City &amp; State</th>
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</tr>
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<tbody>
<tr>
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### Equipment Location:

<table>
<thead>
<tr>
<th>Company Name/Facility Name</th>
<th>Agency Interest No./Registration No. (if known):</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone Number</th>
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<tbody>
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### Control Panel Information: Use only information from Control Panel

<table>
<thead>
<tr>
<th>a. Manufacturer</th>
<th>b. Model Number</th>
<th>c. Serial Number</th>
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</thead>
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</table>

☐ DRC-6 Form (Application for Registration of Radiation Source) was/will be submitted to LDEQ

### 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
- Mammmography
- CT
- Bone Densitometer
*Radiographic & Fluoroscopic Combination

B. Dental X-Ray
- Conventional
- Panoramic
- Cephalometric
- CBCT

C. Accelerator
- Deep Therapy
- Superficial Therapy
- Special Procedures
- Angiography
- Podiatry
- 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.

_________________________  __________________________  __________________________
Date                      Printed Name                      Signature of Responsible Party