

RADIATION SOURCE - NOTIFICATION OF SERVICE

This form must be submitted to the **Health Protection Service** within 14 days of any installation, service or repair of a regulated radiation source.

Please select the relevant service:

☐ Installation ☐ Routine Service ☐ Repair ☐ Other _____

Description of service:

Date service provided:

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Following a tube change a full service report must be submitted to The Health Protection Service (HPS), indicating that the equipment has been tested and meets the relevant Australian Standards. Provided this report has been submitted to HPS, the equipment can then go back into clinical operation.

Service Performed By:

☐ Calibration Report Attached

Technician's name:	ACT Licence:
Company name:	Telephone number:
Signature:	Date:

Service Provided to:

Owner's name:	Possession Licence:
Address where source is located:	
Specific location of source:	

X-ray Equipment Details:

Registration No:		
Source type / Intended use:		
Manufacturer:	Model:	
Year of manufacture:		
Generator serial number:		
System serial number:		
Tube	Max tube voltage (kVp):	Current (mA):
	Manufacturer:	Model:
	Serial number:	
Tube housing	Manufacturer:	Model:
	Serial number:	
This source is: <input type="checkbox"/> Fixed <input type="checkbox"/> Mobile <input type="checkbox"/> Portable		

Other Equipment Details (where required):

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