



**Operating Schedule
Out of State X-ray Facilities**

South Carolina Department of Health and Environmental Control
Bureau of Radiological Health
2600 Bull Street (803) 545-4400 Phone
Columbia, SC 29201 (803) 545-4412 Fax

This Operating Schedule Form for Out of State X-ray Facilities must be received by the Department at least five (5) days prior to the use of the x-ray machine in South Carolina. If, for a specific case, the five day working day period would impose an undue hardship, you may request permission from the Department to proceed sooner by calling (803) 545-4400.

OUT OF STATE REGISTRATION INFORMATION

Company Name and Address:

Contact Person (Name/Title):

Phone No.: _____
Reg. No.: _____

TEMPORARY JOB SITE INFORMATION

Name of Client Company: _____

SC Contact for Client: _____ Phone No.: _____

Location of the Job site: _____

Work Scheduled for: ____/____/____ to ____/____/____, resulting in ____ total work days.

X-RAY EQUIPMENT INFORMATION

Equipment Type (refer to list on instructions page): _____

Control Manufacturer: _____

Control Model No.: _____

Control Serial No.: _____

By submitting this Operating Schedule Form, the registrant agrees to:

- Abide by Regulation 61-64, Title B - X-rays.
- Maintain access, at all times when x-ray equipment is used in South Carolina, to the following documents:
 - ¹⁾ Proof of training of individual users, ²⁾ SCRQSA certificates for each operator ³⁾ registrant's policy/procedure manual, ⁴⁾ Equipment Performance Tests, ⁵⁾ area surveys, as applicable, ⁶⁾ current Mammography certificate (FDA or other state) and physics survey with corrective action, as applicable.

This Notification Completed by:

<u>Name/Title</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF RADIOLOGICAL HEALTH**

Operating Schedule - Out of State X-ray Facilities

PURPOSE:

This form is for an Out of State Facility to notify the Department prior to operating in South Carolina. This notification shall be made five (5) days prior to working in the state.

ITEM BY ITEM INSTRUCTIONS:

Licensee Information

- Company Name and Address: Name and address of the out of state facility.
- Contact Person (Name/Title): Name and title of the person who should be contacted in the event of questions regarding this scheduled visit.
- Phone No.: Phone number of the Contact Person
- Reg. No.: Out of State Facility's registration number.

Temporary Job Site Information

- Name of Client Company: Name of company for which registrant will be working
- SC Contact for Client: Name of contact person employed by the company for which registrant will be working
- Phone No.: Phone number of the SC Contact
- Location of the Job Site: Address at which x-ray equipment will be used
- Work Scheduled for: Dates of projected use of x-ray equipment in the State of South Carolina
- Resulting in _____ total work days: Number of total days registrant plans to conduct work utilizing x-ray equipment in the State of South Carolina.

X-ray Equipment Information

- Equipment Type - Indicate the equipment type using the list below.
- Control Manufacturer: Name of the company that manufactured x-ray equipment.
- Control Model No.: Model number of the control
- Control Serial No.: Serial number of the control-

Agreement Information

Registrant agrees to adhere to Regulation 61-64, Title B - X-ray and to maintain the pertinent documents on-site of x-ray equipment use.

OFFICE MECHANICS AND FILING:

When the Operating Schedule forms are received, stamp the form and all attachments with the date received. After review, the form and all attachments are placed into the registrant's file. These forms are maintained in facility files and purged after 10 years.

Type of Facility

Academic
Analytical/Industrial
Chiropractic
Dental
Hospital
Medical
Podiatry
Prison
Radiation Therapy

Type of Equipment

Accelerator (Non-human use)
Baggage Checker
Bone Densitometer
Cabinet x-ray
C-arm fluoroscopic
Cephalometric
Ceph/Dental
Combination (Rad & Fluoro)
CT Scanner

CT Simulator
Dental (Intraoral)
Dental CT
Diffraction
Electron Microscope
Fluoroscopic
Lithotripter
Mammography
O-arm Fluoroscopic

Panoramic
PET/CT Scanner
Radiographic
Simulator
Shielded Room (Radiographic)
Spectograph
SPECT/CT Scanner
Stereotactic
Therapy (Accelerator human use)
X-ray fluorescence (Non-medical)
X-ray gauge
Other (Specify)