



Radiation Producing Device (X-Ray) Transaction Record Information

As per 25TAC§289.226(m)(1)(D) report the following information whenever transactions occur involving a radiation producing device (X-ray) . Complete one form for each transaction.

Device Information:

Manufacturer's Name: _____

Model Number: _____

Serial Number*: _____

* From the device control panel.

Transaction Details:

Type: Receipt

Transfer (this includes interdepartmental transfers from one individual to another)

Disposal

Date of transaction:

Name of person or company:

Address of person or company:

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| |

Name of person reporting transaction: _____

Send/fax/email this completed form to the Radiation Safety Officer @:

Environmental Health, Safety & Risk Management

Smith House

736 Oscar Smith St.

Fax: 512-245-8277

Email: ehs@txstate.edu