



S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Bureau of Radiological Health

2600 Bull Street, Columbia, SC 29201

Telephone: (803) 545-4400 FAX: (803) 545-4412

Report of Sale or Installation of X-ray Equipment

Date: _____

Completed By: _____

Reg. #: 00- _____

Business Name: _____

Address: _____ Check here if new address

Telephone No. _____ FAX No. _____

No Equipment was sold or installed for the month of _____

Facility Name, Registration Number, and Address Where Installed	Manufacturer, Model, and Serial Number of Control	Manufacturer, Model, and Serial Number of Tube	Date of Installation	New or used	Type of Equipment	FDA Form 2579 Control Number	Shielding Plan Log Number	Facility Registration Approval Yes/No

**Attach additional pages as needed

Signature: _____



**BUREAU OR RADIOLOGICAL HEALTH
Report of Sale of Installation of X-ray Equipment**

PURPOSE:

This form is completed by the vendor each month to notify the Department of sales and installations performed in South Carolina.

ITEM BY ITEM INSTRUCTIONS:

Date – Self-explanatory.

Completed By – The name of the person completing the form.

Registration # - Write in the last 4 digits of the business's registration number.

Business Name – Self-explanatory.

Address – Give the Street or P.O. Box, City, State, and Zip Code.

Check the box if the address listed as the Address is different from the information previously provided to the Department by the business.

Telephone No. – Self-explanatory.

Fax No. – Self-explanatory.

If no equipment was sold or installed, write in the month.

Write in all applicable information in the table for each sale and install performed during the month.

Signature – Signature of the person completing the form.

OFFICE MECHANICS AND FILINGS:

The notification is received, reviewed, and filed. The files are maintained in the file cabinets located in the Bureau of Radiological Health and follow the Division of Electronic Products retention schedule(s).