Condition 7 of service company registrations requires the notification of any sale, lease, transfer, loan, disposal, assembly, or installation of radiation machines in the state. The enclosed DRC-23 form (Report of Assembly of a Radiation Source), the FDA 2579 form, or any document that meets LAC 33:XV.211.A can be submitted to fulfill this requirement.

This form may be submitted to LDEQ by mail or email below.

**DEPARTMENT OF ENVIRONMENTAL QUALITY**

**OFFICE OF ENVIRONMENTAL COMPLIANCE**

**LICENSING & REGISTRATIONS SECTION**

**POST OFFICE BOX 4312**

**BATON ROUGE, LOUISIANA 70821-4312**

**OR**

**E-MAIL:LDEQRadiationlicensing@la.gov**

**Report of Assembly of a Radiation Source DRC-23 (03/2024)

Date of Transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assembler Information:** | | | | |
| **Company Name/Facility Name** | | **Agency Interest No./Registration No. (if known):** | |
| **Street Address** | **City & State** | | **Zip Code** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment Location:** | | | |
| **Company Name/Facility Name** | | **Agency Interest No./Registration No. (if known):** | |
| **Contact Person** | | **Phone Number** | |
| **Street Address** | **City & State** | | **Zip Code** |
| |  |  |  | | --- | --- | --- | | **Control Panel Information:**  *Use only information from the Control Panel* | | | | **a. Manufacturer** | **b. Model Number** | **c. Serial Number** | |  |  |  | |  |  |  |   **Type of Installation**  □ New Installation\* □ Part Change/Reassembly □ Disposition\*  □ \*DRC-6 Form (Application for Registration of Radiation Source) was/will be submitted to LDEQ by facility  **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  Mammography  CT  Bone Densitometer  \*Radiographic & Fluoroscopic Combination | Deep Therapy  Superficial Therapy  Special Procedures  Angiography  Podiatry  **B. Dental X-Ray**  Conventional  Panoramic  Cephalometric  CBCT | **C. Accelerator**  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 |
|  |  |  |