



Diagnostic Accreditation Program
 College of Physicians & Surgeons of BC
 300-669 Howe St
 Vancouver BC V6C 0B4
www.cpsbc.ca
 T: 604.733.7758
 F: 604.733.3503
 TF: 1.800.461.3008 (in BC)

Environmental Health Services
 BC Centre for Disease Control
 655 12th Ave W
 Vancouver BC V5Z 4R4
www.bccdc.ca
 T: 604.707.2442
 F: 604.707.2441



BC Centre for Disease Control
 An agency of the Provincial Health Services Authority

Medical Facilities X-ray Equipment Registration Form

Note: to successfully fulfill *Mandatory Requirement RS 4.2* of the Diagnostic Accreditation Program's 2010 Diagnostic Imaging Standards, all **new** and **replaced** medical x-ray equipment must be registered with the Diagnostic Accreditation Program of BC and include the following information:

C-Arm Computed Tomography (CT) Radiographic
 Radioscopic Rad/Fluoro (R&F)

New Upgrade (replacement) Stationary Portable

Facility Name: _____

Physical Address: _____
Street City Postal Code

Mailing Address: _____
(if different from above) Street City Postal Code

Owner Name: _____

Phone No: _____ Email: _____

Radiation Safety Officer: _____

Phone No: _____ Email: _____

Room Name/#: _____ RP Tube Control #: _____
location of x-ray unit received from RP/EHS

	Manufacturer	Model	Manufacturer Date	Serial #	Installation Date
Tube Insert					
Generator					

Submit form to the Diagnostic Accreditation Program of the College of Physicians and Surgeons of BC; if requiring a new tube control number, also submit form to Radiation Protection, Environmental Health Services of the BC Centre for Disease Control