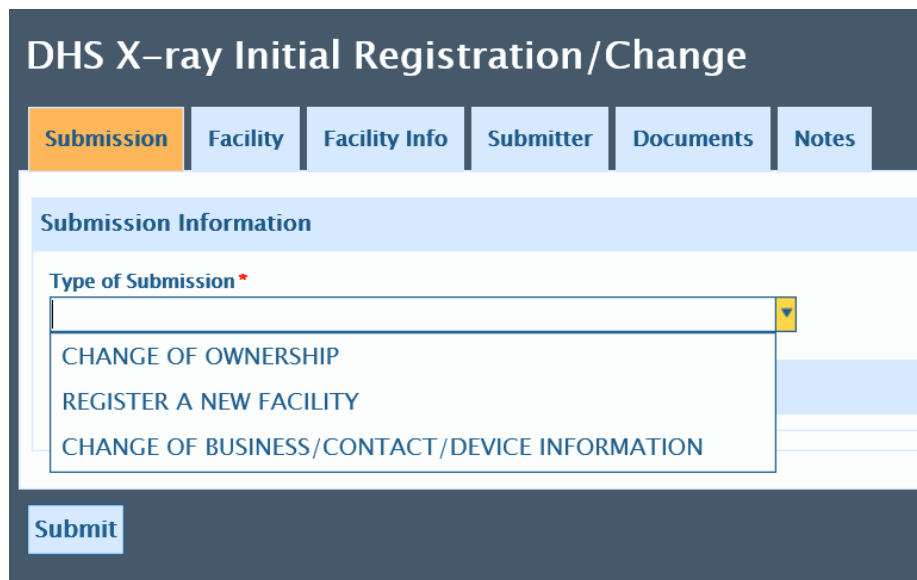


## Using the DHS X-Ray Initial Registration/Change Form

Installations of x-ray devices, acquisitions of portable and mobile x-ray devices, and all other changes to existing x-ray facility registrations must be submitted in writing or electronically via this submission form within 30 days of the occurrence. To begin, click on the “Submission” tab to make a selection. Do not click the “Submit” button until all necessary information has been entered under all tabs.



The screenshot shows the 'DHS X-ray Initial Registration/Change' form. At the top, there are six tabs: 'Submission' (highlighted in orange), 'Facility', 'Facility Info', 'Submitter', 'Documents', and 'Notes'. Below the tabs is the 'Submission Information' section. It contains a dropdown menu labeled 'Type of Submission \*' with three options: 'CHANGE OF OWNERSHIP', 'REGISTER A NEW FACILITY', and 'CHANGE OF BUSINESS/CONTACT/DEVICE INFORMATION'. A 'Submit' button is located at the bottom left of the form.

**Register a New Facility:** Unregistered facilities with newly installed x-ray devices and/or newly acquired portable or mobile x-ray devices must register with the State of Wisconsin within 30 days of the occurrence. This includes facilities in possession of installed, mobile, or portable x-ray equipment that is rented or lent to them for 30 days or longer.

To create a new x-ray facility registration, select REGISTER A NEW FACILITY from the drop-down menu.

**Change of Ownership:** To report a change of ownership, select CHANGE OF OWNERSHIP from the drop-down menu.

**Change of Business/Contact/Device Information:** To report a change of address, business name, contact person, phone number, email address, fax number, mailing address, or device information, select CHANGE OF BUSINESS/CONTACT/DEVICE INFORMATION from the drop-down menu.

## Register a New Facility

The screenshot shows the 'DHS X-ray Initial Registration/Change' form with the 'Submission' tab selected. The 'Type of Submission' dropdown menu is open, showing 'REGISTER A NEW FACILITY' as the selected option. A legend indicates that an asterisk (\*) denotes a required field. A 'Submit' button is visible at the bottom left of the form area.

After selecting REGISTER A NEW FACILITY from the drop-down menu, several tabs will appear.

### Facility Tab

The screenshot shows the 'DHS X-ray Initial Registration/Change' form with the 'Facility' tab selected. The 'Facility Information' section contains several required fields: 'Facility Type', 'Facility Name', 'Facility DBA Name', 'MQSA', 'Radioactive Materials Licensee', 'Radiation Protection Program', and 'Operations & Safety Procedures'. A legend indicates that an asterisk (\*) denotes a required field. A 'Submit' button is visible at the bottom left of the form area.

**Facility Type:** Review all categories to select the most appropriate facility type for the x-ray facility registration. Note that a dental school would not qualify as a dental facility but as a non-healing arts teaching facility or public university or college. Please contact Bill Balke at 608-267-4787 or [william.balke@dhs.wisconsin.gov](mailto:william.balke@dhs.wisconsin.gov) if further clarification is required.

**Facility Name:** Provide the legal name of the x-ray facility.

**Facility DBA Name:** Provide the name that the x-ray facility uses for doing business. This is what would appear on signage for the building. The legal name of the facility may be the same as the DBA name.

**MQSA:** Does the x-ray facility have mammographic equipment that falls under the Mammography Quality Standards Act on site?

**Radioactive Materials License:** Does the x-ray facility have a radioactive materials license?

Radiation Protection Program: All x-ray facilities are required to have a radiation protection program. If the answer is “no,” the registration form cannot be submitted. If the answer is “yes,” you can attach the written radiation protection program under the “Documents” tab, but you are not required to do so. If you don’t have an electronic file, you can also fax a copy to 608-267-4799 or mail it to:

WIS DEPT OF HEALTH SERVICES  
 RADIATION PROTECTION RM 150  
 PO BOX 2659  
 MADISON WI 53701-2659

Note: Submission of the written radiation protection program is not required; the facility is only required to have a radiation protection program.

Operations and Safety Procedures: All x-ray facilities are required to have operations and safety procedures. If the answer is “no,” the registration form cannot be submitted. If the answer is “yes,” you can attach the operations and safety procedures under the “Documents” tab, but you are not required to do so. If you don’t have an electronic file, you can also fax a copy to 608-267-4799 or mail it to the address above.

Note: Submission of the operations and safety procedures is not required; the facility is only required to have operations and safety procedures.

### Facility Info Tab

The screenshot shows the 'DHS X-ray Initial Registration/Change' form with the 'Facility Info' tab selected. The form includes a navigation bar with tabs: Submission, Facility, Facility Info (selected), Responsible Party Contact, Renewal Billing Contact, Facility Contact, Devices (New), Submitter, Documents, and Notes. Below the navigation bar is the 'Facility Address Information' section with the following fields:

- Street Number \* (text input)
- Street Direction (dropdown menu)
- Street Name \* (text input)
- Street Type \* (dropdown menu)
- Street Suffix (dropdown menu)
- Suite Number (text input)
- City \* (text input)
- State \* (dropdown menu, currently showing 'WI')
- ZIP-5 \* (text input)
- ZIP+4 (text input)
- Main Phone Number \* (text input)
- Wisconsin County \* (dropdown menu)

A legend at the bottom left of the form states: '\* Indicates required field'. A 'Submit' button is located at the bottom of the form.

Under the “Facility Info” tab, provide the address and contact information for the physical location of the x-ray facility.

If the facility is located in a suite, type “STE” before the suite number or letter.

If the x-ray facility is located outside of Wisconsin, choose “N/A” under “Wisconsin County.”

### Responsible Party Contact Tab

**DHS X-ray Initial Registration/Change**

Submission | Facility | Facility Info | **Responsible Party Contact** | Renewal Billing Contact | Facility Contact | Devices (New) | Submitter | Documents | Notes

**Facility's Responsible Party Contact Information**

First Name\*  Last Name\*  Title

Primary Phone\*  Primary Phone Ext  Secondary Phone  Secondary Phone Ext

Primary Email Address\*  Secondary Email Address

**Facility's Responsible Party Contact Mailing Address Information**

Street Number\*  Street Direction  Street Name\*  Street Type\*  Street Suffix

Suite Number  City\*  State\*  ZIP-5\*  ZIP+4

\* Indicates required field

**Submit**

All registered x-ray facilities are required to designate an individual as their Responsible Party Contact. Under the “Responsible Party Contact” tab, provide the first and last name and contact information for the person who is responsible for the x-ray facility’s radiation safety program. This person ensures that the facility is radiation safety compliant and serves as the facility’s primary contact person. The Responsible Party Contact receives all correspondence (including renewal invoices, annual x-ray facility permits, and payment reminders) unless a Renewal Billing Contact (who would receive only the annual renewal invoices) is designated.

### Renewal Billing Contact Tab

**DHS X-ray Initial Registration/Change**

Submission | Facility | Facility Info | Responsible Party Contact | **Renewal Billing Contact** | Facility Contact | Devices (New) | Submitter | Documents | Notes

**Renewal Billing Contact Information**

Renewal Billing Contact\*

**Submit**

X-ray facilities have the option to designate an individual as their Renewal Billing Contact. This is not required. Under the “Renewal Billing Contact” tab, provide the contact information for the person responsible for handling the x-ray facility’s annual registration fees. If this person is also the responsible party contact, select either “none” or “same as responsible party.” If the facility is part of a larger organization for which the registration payments for all x-ray facilities is handled by a single person, select “existing.” Otherwise, select “new” when registering a new x-ray facility. The Renewal Billing Contact receives only renewal invoices and no other correspondence.

## Facility Contact Tab

The screenshot shows the 'DHS X-ray Initial Registration/Change' form with the 'Facility Contact' tab selected. The form has a navigation bar with tabs: Submission, Facility, Facility Info, Responsible Party Contact, Renewal Billing Contact, Facility Contact (highlighted), Devices (New), Submitter, Documents, and Notes. Below the navigation bar is the 'Facility Contact Information' section. It contains a dropdown menu for 'Facility Contact' with options: NONE, NEW, EXISTING (selected), NONE, and SAME AS RESPONSIBLE PARTY. A 'Submit' button is located at the bottom left of the form.

Under the “Facility Contact” tab, provide the contact information for the person who should be contacted to schedule inspections, assist during inspections, or clarify device information for the x-ray facility. This person works at the x-ray facility. If this is the same person as the responsible party contact, select “same as responsible party.”

## Devices (New) Tab

The screenshot shows the 'DHS X-ray Initial Registration/Change' form with the 'Devices (New)' tab selected. The form has a navigation bar with tabs: Submission, Facility, Facility Info, Responsible Party Contact, Renewal Billing Contact, Facility Contact, Devices (New) (highlighted), Submitter, Documents, and Notes. Below the navigation bar is a message: 'Click the Add button to the right once for each device that should be created.' Below this message is a text input field with the placeholder text 'X-ray Devices: Create New' and an 'Add' button on the right. A 'Submit' button is located at the bottom left of the form.

Under the “Devices (New)” tab, click on the “Add” button on the right, and enter device information for each installed x-ray device or portable or mobile x-ray device at the facility.

**DHS X-ray Initial Registration/Change**

Submission | Facility | Facility Info | Responsible Party Contact | Renewal Billing Contact | Facility Contact | **Devices (New)** | Submitter | Documents | Notes

Click the Add button to the right once for each device that should be created.

X-ray Devices: Create New Add

**X-ray Device (New)**

<p>Device Type * <input type="text"/></p> <p>Device Location/Room * <input type="text"/></p> <p>Device Serial or Asset Number <input type="text"/></p> <p>Device Film or Digital Imaging <input type="text"/></p> <p>Device Max kVp <input type="text"/></p>	<p>Device Manufacturer * <input type="text"/></p> <p>Device Tube Count * <input type="text"/></p> <p>Device Model <input type="text"/></p> <p>Device Installation Date <input type="text"/></p> <p>Device Max mA <input type="text"/></p>
--	---

\* Indicates required field

Remove

Submit

Use the drop-down menus to select the device type, manufacturer, tube count, and image capture mode. Please look through the entire device list to ensure the most appropriate selection is made.

Provide the location of the device at the facility. Some examples include: “room 3,” “cath lab,” “ER 5,” “portable,” or “mobile.”

For the “Device Serial or Asset Number,” provide the number that most easily identifies the device. This is to help inspectors identify devices while at the facility and to help the facility reconcile their existing inventory with the annual x-ray facility registration renewal device list.

Approved shielding plans are required prior to operation of all x-ray devices except for dental intraoral devices, dental panoramic devices (not pan-ceph), dedicated podiatry devices, certified cabinet x-ray devices (industrial), mammography devices, and bone density scanners. Shielding plans may be submitted for approval under the “Documents” tab. Otherwise, copies can be faxed or mailed to the Radiation Protection Section.

To add other devices, click on the “Add” button at the top of the page.

Submitter Tab

**DHS X-ray Initial Registration/Change**

Submission | Facility | Facility Info | Responsible Party Contact | Renewal Billing Contact | Facility Contact | Devices (New) | **Submitter** | Documents | Notes

**Submitter of Form**

Name of Person Submitting \*

Title

Date

\* Indicates required field

Submit

Under the “Submitter” tab, the person submitting the form on behalf of the x-ray facility will provide their full name and title. The date field will complete automatically.

### Documents Tab

**DHS X-ray Initial Registration/Change**

Submission | Facility | Facility Info | Responsible Party Contact | Renewal Billing Contact | Facility Contact | Devices (New) | Submitter | **Documents** | Notes

**Related Documents**

Attach: Shielding Plan (Customer Provided)

Attach: Radiation Protection Policy

Attach: Operations and Safety Procedures

Attach: Registrant Misc Communication

Submit

Under the “Documents” tab, in addition to shielding plans, radiation protection policies, and operations and safety procedures, other pertinent documents can be submitted electronically as registrant miscellaneous communication. Documents can also be emailed to [dhsxray@dhs.wisconsin.gov](mailto:dhsxray@dhs.wisconsin.gov), faxed, or mailed.

### Notes Tab

DHS X-ray Initial Registration/Change

Submission Facility Facility Info Responsible Party Contact Renewal Billing Contact Facility Contact Devices (New) Submitter Documents **Notes**

Notes

Please provide any details that you feel are relevant to this submission.

Submit

Under the “Notes” tab, please provide any additional information regarding the x-ray facility registration.

Click the “Submit” button when all information has been provided. If an error is received, check each tab to correct. All required fields must be filled in order to submit successfully.

### Change of Ownership

DHS X-ray Initial Registration/Change

**Submission** Facility Facility Info Responsible Party Contact Renewal Billing Contact Facility Contact Devices (Existing) Devices (New) Submitter Documents Notes

Submission Information

Type of Submission \*  
CHANGE OF OWNERSHIP

Registration Number \*  
DDS6201

\*Indicates Required Field

Submit

X-ray facilities must report all registration changes within 30 days of the occurrence. If an x-ray facility has undergone a change of ownership, this information can be reported by selecting “Change of Ownership,” entering the registration number (without spaces between the letters and numbers), and continuing onto the other tabs. Do not click the “Submit” button until all necessary information has been entered under all tabs. Please note that unless the change of ownership is a corporate takeover or a change of ownership to an existing partner, the new owner will be responsible for registration fees for the change of ownership.



**DHS X-ray Initial Registration/Change**

Submission **Facility** Facility Info Responsible Party Contact Renewal Billing Contact Facility Contact Devices (Existing) Devices (New) Submitter Documents Notes

Change/Edit Facility Information?

**Facility Information**

Facility Type \*  
Dental

Facility Name \*  
TEST DENTAL INC

Facility DBA Name  
TEST DENTAL INC

MQSA \*  
[Blank]

Radioactive Materials Licensee \*  
[Blank]

Radiation Protection Program \*  
[Blank]

Operations & Safety Procedures \*  
[Blank]

\* Indicates required field

Submit

Previously reported registration information will automatically populate under the other tabs. If information under any tab needs to be changed, click on the “Change/Edit...” box in the upper left corner, and update the information. Fields for required information will feature a red asterisk. If these fields are left blank, the field will turn red, and the form will not submit.

**DHS X-ray Initial Registration/Change**

Submission Facility **Facility Info** Responsible Party Contact Renewal Billing Contact Facility Contact Devices (Existing) Devices (New) Submitter Documents Notes

Change/Edit Facility Information?

**Facility Information**

Facility Type \*  
Dental

Facility Name \*  
TEST DENTAL II INC

Facility DBA Name  
SMILES BY BRAD

MQSA \*  
NO

Radioactive Materials Licensee \*  
NO

Radiation Protection Program \*  
[Red]

Operations & Safety Procedures \*  
[Red]

\* Indicates required field

Submit

Guidance for completing the information under these tabs is the same as for registering a new facility (see above), except for the “Devices (Existing)” tab.

**DHS X-ray Initial Registration/Change**

Submission Facility Facility Info Responsible Party Contact Renewal Billing Contact Facility Contact **Devices (Existing)** Devices (New) Submitter Documents Notes

Click the Add button to the right once for each device that should be updated or removed from service.

X-ray Devices: Update or Remove Existing Add

**X-ray Device (Existing)**

Device Lookup Format: Type|Manufacturer|Location/Room|Serial or Asset Number|Tube Count

Device Lookup: Select Existing Device from Dropdown

DENTAL: INTRAORAL, FIXED|GE HEALTHCARE|RM 1|D4561  
DENTAL: INTRAORAL, MOBILE|ARIBEX INC|HANDHELD|23234251  
DENTAL: PANORAMIC|CARESTREAM KODAK|HALL|45252|1

Device ID

Edit Device?  
 Remove Device?

Device Manufacturer \*  
[Blank]

Device Tube Count \*  
[Blank]

Device Model  
[Blank]

Device Installation Date  
[Blank]

Device Max mA  
[Blank]

Device Serial or Asset Number  
[Blank]

Device Film or Digital Imaging  
[Blank]

Device Max kVp  
[Blank]

\* Indicates required field

Remove

Submit

Under the “Devices (Existing)” tab, changes to the previous owner’s registered device inventory may be made. To view all devices listed under an existing registration, click on

the “Add” button in the upper right corner. Click on the drop-down menu for “Device Lookup: Select Existing Device from Dropdown.” Information for a selected device may be edited, or the device may be selected for removal. Note that the description of each device contains the device type, manufacturer, location/room, serial or asset number, and tube count (in that order) to help you select the correct device.

The screenshot shows the 'DHS X-ray Initial Registration/Change' interface. The 'Devices (Existing)' tab is selected. The form is titled 'X-ray Devices: Update or Remove Existing'. It contains a 'Device Lookup' dropdown menu with the selected value 'DENTAL: INTRAORAL, FIXED:GE HEALTHCARE|RM 1|D4561'. Below this, various fields are populated: 'Device ID' (243992), 'Device Type' (DENTAL: INTRAORAL, FIXED), 'Device Location/Room' (RM 1), 'Device Serial or Asset Number' (D456), 'Device Film or Digital Imaging' (DIGITAL (CR)), 'Device Max kVp' (70.000000), 'Device Manufacturer' (GE HEALTHCARE), 'Device Tube Count' (1), 'Device Model' (GE-100), 'Device Installation Date' (8/16/1986), and 'Device Max mA' (7.000000). There are checkboxes for 'Edit Device?' and 'Remove Device?'. A 'Submit' button is located at the bottom left of the form area.

After a device is selected, details about that device will automatically populate the fields below the selection. If this information requires editing, click on the box in the upper right corner next to “Edit Device?”

If this device has been decommissioned from your facility, click on the box next to “Remove Device?”

Repeat the above steps to change information for, or to report the removal of, any other devices. If you provide no information on this tab, it is assumed that all listed devices are connected to power at your facility. If you click the “Add” button again, the drop down list will appear at the bottom of previously selected devices. If a device is accidentally selected twice, or a device that doesn’t require changes is mistakenly selected for editing, click on the blue “Remove” button on the right side of the screen.

Under the “Documents” tab, please attach an explanation of the nature of the change of ownership under “Registrant Misc Communication.” Examples include a corporate takeover, a business partner taking control of the business, or a previously uninvolved person buying the business. Documents may also be emailed to [dhsxray@dhs.wisconsin.gov](mailto:dhsxray@dhs.wisconsin.gov), faxed, or mailed. Provide any additional information under the “Notes” tab.

Click the “Submit” button when all information has been provided. If an error is received, check each tab to correct. All required fields must be filled in order to submit successfully.

## Change of Business/Contact/Device Information

The screenshot shows a web form titled "DHS X-ray Initial Registration/Change". At the top, there is a navigation bar with several tabs: "Submission" (highlighted in orange), "Facility", "Facility Info", "Responsible Party Contact", "Renewal Billing Contact", "Facility Contact", "Devices (Existing)", "Devices (New)", "Submitter", "Documents", and "Notes". Below the navigation bar, the "Submission Information" section is visible. It contains two required fields: "Type of Submission" with a dropdown menu set to "CHANGE OF BUSINESS/CONTACT/DEVICE INFORMATION", and "Registration Number" with a text input field containing "DD56201". A legend below the fields states "\*Indicates Required Field". At the bottom left of the form, there is a "Submit" button.

X-ray facilities must report all registration changes within 30 days of the occurrence. If an x-ray facility changes its business name, contact person, phone number, email address, physical address, mailing address, fax number, or device information, this information can be reported by selecting this submission type and entering the registration number (without spaces between the letters and numbers). Do not click the "Submit" button until all necessary information has been entered under all tabs.

Previously reported registration information will automatically populate under the other tabs. If information under any tab needs to be changed, please click on the "Change/Edit..." box in the upper left corner, and update the information.

Guidance for completing the information under these tabs is the same as for registering a new facility (see above), except for the "Devices (Existing)" tab which can be found under the guidance for a change of ownership (see above).

Under the "Documents" tab, please attach any necessary supporting documentation regarding the changes being made under "Registrant Misc Communication." Documents can also be emailed to [dhsxray@dhs.wisconsin.gov](mailto:dhsxray@dhs.wisconsin.gov), faxed, or mailed.

If shielding plan approval is needed for a relocated facility, a copy can be uploaded under this tab as well. Otherwise, a copy can be faxed, mailed, or emailed to [dhsxray@dhs.wisconsin.gov](mailto:dhsxray@dhs.wisconsin.gov). Provide any additional information under the "Notes" tab.

Click the "Submit" button when all information has been provided. If an error is received, check each tab to correct. All required fields must be filled in order to submit successfully.