

REGISTRATION RADIOGRAPH EQUIPMENT

Dental Hygiene Clinic owners of radiation equipment must complete and submit this form for each piece of radiation equipment to the NB College of Dental Hygienists. Note that other Regulatory requirements may be requested from the owners of radiation equipment in the future from other NB legislation (e.g. WorkSafe NB, etc.). Dental hygiene clinic owners *must* stay abreast of any new provincial or federal legislation.

An initial installation report identifying details on the installation and safety procedures used to ensure public safety and an initial inspection report must be attached to this form. A confirmation that the radiation equipment is approved by Health Canada must also be attached to the form.

Any changes to the location of the radiograph equipment, replacements of equipment, etc. must be reported to NBCDH.

NBCDH REGISTRATION OF OWNERSHIP OF RADIATION EQUIPMENT FORM

This form is to be used with all new installation, previous installation that is changing ownership within the dental hygiene clinic

Dental Hygiene Clinic Name:

Dental Hygiene Clinic Address:

City:

Province:

Postal Code:

Phone:

Fax:

Contact Name:

Contact Email:

EQUIPMENT INFORMATION

Room Or Location in Facility: (Submit drawing of the clinic identifying the location of the radiograph equipment)

Type of Equipment: intra oral X-ray, intra oral sensor, intra oral phosphor plate

: Panorex/Cephalometric Xray

: Cone Beam CT (provide confirmation of additional education received)

: Stationary Mobile Handheld

Intra-oral Xray

Manufacturer:

Model:

Serial No:

Manufacturer Date (year/month):

Date Installed in Facility (year/month):

Last Inspection Date (year/month):

Inspected By:

Tube Manufacturer:

Tube model #:

Tube serial #:

Panorex/Cephalometric

Manufacturer:

Model:

Serial No:

NBCDH REGISTRATION OF OWNERSHIP OF RADIATION EQUIPMENT FORM

This form is to be used with all new installation, previous installation that is changing ownership within the dental hygiene clinic

| | |
|------------------------------------|--|
| Manufacturer Date (year/month): | Date Installed in Facility (year/month): |
| Last Inspection Date (year/month): | Inspected By: |
| Cone Beam CT | |
| Manufacturer: | Model: Serial No: |
| Manufacturer Date (year/month): | Date Installed in Facility (year/month): |
| Last Inspection Date (year/month): | Inspected By: |

MEMBER/OWNER INFORMATION

| | |
|------------------------------------|-----------------|
| Owner Name: | NBCDH licence#: |
| | |
| | |
| Joint owner names (if applicable): | |
| | |

LIST OF OTHER QUALIFIED ORAL HEALTH PRACTITIONERS IN THE CLINIC -OPERATING RADIOGRAPH EQUIPEMENT THAT ARE NOT THE OWNER.

Note that currently dental assistants must work under the supervision of a dentist.

| NAME: | NBCDH LICENCE # OR NBDS LICENCE |
|-------|---------------------------------|
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SIGNATURES

| | |
|--|-------|
| Signature of applicant: | Date: |
| Signature of joint owner <i>(only if applicable)</i> : | Date: |