NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Form NRH-4A
Effective Date: September 6, 2024

NRH – 4 - ADDITIONAL MACHINES

Type or print machine information in correct fields.
List each machine on separate line.
Provide registration number if known.

Registration #_____

Machine Type (See NRH-4 INST)	Number Tubes	Control Manufacturer	Control Model No.	Control Serial No.	Manufacture Date	Install Date	Master Control Location