

INSTRUCTIONS FOR FORM NRH-4

1.a Facility Name and Street Address of Applicant: Complete fields with information of applicant.
Name of corporation may follow business name.

1.b Radiation Generating Equipment Location:
a. Complete if the permanent location at which one or more radiation machines or sources is different than section 1.a.
b. Check correct box to indicate if equipment is used at temporary job sites throughout Nebraska.

2. Billing Information:
a. Complete and provide information if billing address is different than 1.a

3. Practice Type: Choose code that identifies the facility's Practice Type from table below:

<u>Type of Practice</u>				
1. Chiropractic	6. ENT	11. Radiologist	16. Mobile Van	21. Veterinary
2. Dermatology	7. Orthopedist	12. Surgeon	17. Hospital	22. Industrial
3. General Practice	8. Osteopath	13. Urologist	18. Regional Center	23. Medical Other
4. Gastroenterology	9. Pediatrics	14. Multiple Specialty Clinic	19. Dental	24. Out-Of-State
5. Internal Medicine	10. Podiatrist	15. Nursing Home	20. Educational Inst.	Registration

4. Radiation Generating Equipment:
a. Equipment information must be provided for any manufactured product or device, component part of such a product or device, or machine or system which during operation can generate radiation, except devices which emit radiation only from radioactive material.
b. List each product or device on separate line. Use additional sheets (NRH-4A) if necessary.
c. Choose code that identifies Machine Type from table below:

<u>HEALING ARTS DIAGNOSTIC GENERAL</u>	<u>HEALING ARTS DIAGNOSTIC-GENERAL</u>	<u>HEALING ARTS-THERAPY</u>	<u>NON-HEALING ARTS RADIATION MACHINES (Cont.)</u>
101 Medical Diagnostics General Purpose (Radiographic)	114 Ct Scanner-W.B.	301 Superficial	408 Package X-Ray
102 Fluoroscopy Diagnostic	115 Veterinary Radiographic	302 X-Ray Deep Therapy	409 Industrial Gauge X-Ray
103 Radiographic/Fluoroscopic	116 Veterinary Fluoroscopic	303 Accelerator-Therapy	410 Fluoroscopy X-Ray-Industrial
104 Tomographic	117 Stationary C-Arm	304 Veterinary Therapy	411 X-Ray Fluorescence
105 Angiographic	118 Simulator	310 Other	412 X-Ray Diffraction
106 Podiatric	119 Chiropractic		413 Electron Beam Welding
107 Urology	120 Bone Densitometer	<u>NON-HEALING ARTS RADIATION MACHINES</u>	414 Industrial Radiological In-Plant Only
108 Mammographic	<u>HEALING ARTS DIAGNOSTIC-DENTAL</u>	401 Accelerators	416 Ion Implantation Device
109 Chest	201 Intra-Oral	402 Radiographic Cabinet X-Ray	417 Other-Non-Healing Arts
110 Head and Neck	202 Panoramic	403 Analytic X-ray	418 Irradiator
111 Mobile Radiographic	203 Cephalometric	404 Electron Microscope	<u>OTHER - 501</u>
112 Mobile C-Arm	204 Dental Mobile	405 Airport Baggage X-Ray	
113 CT Scanner-Head	210 Other-Dental	406 Spectroscopy/ Spectrography X-Ray	
		407 Particle Size Analyzer-X-Ray	

d. Provide name of designate location of Master Control of x-ray machine

5. Radiation Safety Officer (RSO): Designation of a Radiation Safety Officer required.
See 180 NAC 2-004.02.

6. Citizenship Attestation and Certification:
a. Completion required for compliance with Neb. Rev Stat. §§. 4-108 through 4-114
b. Check ONLY one of the applicable boxes then sign and date in the Certifying Official section.
Provide a copy of US Residency Card when necessary