



INSTRUCTIONS FOR FORM NRH-4

- 1.a. Legal Name and Street Address of Applicant (Institution, Firm, Person, etc.): Complete fields with legal information of applicant.
- 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 if billing address is different than 1.a
 b. Provide information for billing contact.

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

Type of Practice

| | | | | |
|----------------------|----------------|-------------------------------|-----------------------|-------------------|
| 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:

| | | | |
|--|--|--|---|
| <p><u>HEALING ARTS DIAGNOSTIC GENERAL</u></p> <p>101 Medical Diagnostics General Purpose (Radiographic) 102 Fluoroscopy Diagnostic 103 Radiographic/Fluoroscopic 104 Tomographic 105 Angiographic 106 Podiatric 107 Urology 108 Mammographic 109 Chest 110 Head and Neck 111 Mobile Radiographic 112 Mobile C-Arm 113 CT Scanner-Head</p> | <p><u>HEALING ARTS DIAGNOSTIC-GENERAL</u></p> <p>114 Ct Scanner-W.B. 115 Veterinary Radiographic 116 Veterinary Fluoroscopic 117 Stationary C-Arm 118 Simulator 119 Chiropractic 120 Bone Densitometer</p> <p><u>HEALING ARTS DIAGNOSTIC-DENTAL</u></p> <p>201 Intra-Oral 202 Panoramic 203 Cephalometric 204 Dental Mobile 210 Other-Dental</p> | <p><u>HEALING ARTS-THERAPY</u></p> <p>301 Superficial 302 X-Ray Deep Therapy 303 Accelerator-Therapy 304 Veterinary Therapy 310 Other</p> <p><u>NON-HEALING ARTS RADIATION MACHINES</u></p> <p>401 Accelerators 402 Radiographic Cabinet X-Ray 403 Analytic X-ray 404 Electron Microscope 405 Airport Baggage X-Ray 406 Spectroscopy/ Spectrography X-Ray 407 Particle Size Analyzer-X-Ray</p> | <p><u>NON-HEALING ARTS RADIATION MACHINES (Cont.)</u></p> <p>408 Package X-Ray 409 Industrial Gauge X-Ray 410 Fluoroscopy X-Ray-Industrial 411 X-Ray Fluorescence 412 X-Ray Diffraction 413 Electron Beam Welding 414 Industrial Radiological In-Plant Only 416 Ion Implantation Device 417 Other-Non-Healing Arts 418 Irradiator</p> <p><u>OTHER - 501</u></p> |
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- d. Provide or designate location of Master Control
5. Radiation Safety Officer (RSO): Designation of a Radiation Safety Officer required. See 180 NAC 2-004.02 and 21-007.01B.
6. Attestation and Certification:
 a. Completion required for compliance with Neb. Rev Stat. §§. 4-108 through 4-114 (found here: http://nebraskalegislature.gov/laws/search_range_statute.php?begin_section=4-108&end_section=4-114)
 b. Check and complete ONLY the applicable box