Form NRH -21A
Effective Date: November 28, 2016

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
X-RAY PROGRAM

EQUIPMENT LIST

Registration Number _____ Name of Registrant _____ Date_____

Machine Number on NRH 4	Machine Type	Manufacturer	Date Installed	Model No. from Control Panel	Serial No. from Control Panel	Location	Date of Manufacture	Calibration Dates