

# Change Tube Type Operable to Inoperable amendment – Step one

**Instructions**  
**Change tube type from Operable to Inoperable**  
(10-step process)  
Select the Amend button.

The screenshot shows the Ohio Department of Health X-Ray Registration and Inspection website. The page title is "Apply for a New Registration". Below the title, there is a red arrow pointing to the "Amend" button. The page contains several sections of information:

- Identification:** Facility: ABC Dental Associates Inc, Facility Type: Dental Office, Reg #: 02-A-04377-001
- Registration Dates:** Expiration Date: 07-31-2012, Latest Amend Date: 04-27-2012, Last Inspection Date: 01-24-2012, Last Partial Inspection Date:
- Individual Responsible for Radiation Protection:** IRRP: Alfred B Cranes DDS, Email: dentist123@abcdentist.com
- Responsible Officer:** Name: Alfred B Cranes DDS, Title: DDS
- Addresses and Communications:** Source, Mailing, and Billing addresses and contact information for 123 N High St Ste 123, Worthington, OH 43085, Franklin County.
- Radiation Sources:** A table showing the number of Operable and Inoperable X-ray Tubes Registered.

Description	Operable X-ray Tubes Registered	Inoperable X-ray Tubes Registered
Extraoral with Panorax	1	0
CT (Computed Tomography)	1	0
<b>Total # of X-ray Tubes</b>	<b>2</b>	<b>0</b>

# Change Tube Type Operable to Inoperable amendment – Step two

**Ohio Department of Health** X-Ray Registration and Inspection

[Instructions](#) [Home](#) [Logout](#)

Apply for a New Registration  
If you have any questions, please contact ODH at (614) 995-4727

### Online Amendment Instructions

Before you begin, it may be helpful to print out specific instructions from the link above. If you have questions, please call (614) 995-4727 or e-mail [xrayreg@odh.ohio.gov](mailto:xrayreg@odh.ohio.gov). Remember to print your certificate after your approved changes. (Only accounts in compliance with a zero balance will show the PRINT CERTIFICATE button.)

#### Self-Approved Amendments

- Add tubes or update mailing/billing address or phone/fax numbers  
IRRP change (Form [HEA5526](#))  
Facility move (Form [HEA0152](#))

#### ODH-Approved Amendments

Select one of the amendment types below to reduce tube count or make corrections to your record.

- Tube reduction
- Facility name correction
- Tax identification number correction
- Responsible officer change (not IRRP change)
- Facility type change

Error corrections or wrong tube category - If you added/decreased an incorrect amount of tubes, or if your registration shows the wrong tube category, please call 614-995-4727. DO NOT SUBMIT ONLINE additions or reductions for the correction of errors. Staff will assist you in correcting your record.

Select the small circle in front of Add tubes

Allow the record to open in edit mode

# Change Tube Type Operable to Inoperable amendment – Step three

Ohio Department of Health X-Ray Registration

Apply for a New Registration  
If you have any questions, please contact ODH at (614) 995-4727

Amendments  
Amend the information as that you have made will a

Identification  
Facility:  
Facility Type:  
Reg #:

Registration Dates  
Expiration Date:  
Last Inspection Date:

Individual Respons  
IRRP: Alfred  
EMail: gmu

Addresses and Com  
Mailing Address (F  
\* Phone: 614 64  
\* Street Address 1:  
Street Address 2:  
\* City:  
\* State:

Billing Information  
 Check if same as M  
\* Phone: 614 64  
\* Street Address 1:  
Street Address 2:  
\* City:  
\* State:

Source Location (V  
\* Phone: 614 644 2727 Ext: 1111 Fax: 614 466 0381

Billing information (For invoices only)  
 Check if same as Mailing Address  
\* Phone: 614 644 2727 Ext: 1111 Fax: 614 466 0381  
\* Street Address 1: 123 N High St Ste 123  
Street Address 2:  
\* City: Worthington  
\* State: Ohio \* Zip: 43085 County: Franklin

Source Location (Where Radiation-Generating Equipment is located)  
\* Phone: 614 644 2727 Ext: 1111 Fax: 614 466 0381

\* Radiation Sources (X-ray tubes)  
Enter the number of tubes to be added to your current inventory

Medical				
Description	Operable Currently Registered	Inoperable Currently Registered	Add # of Operable Tube(s)	Add # of Inoperable Tube(s)
Radiographic (Stationary)	0	0		
Radiographic Mobile	0	0		
Bone Densitometry	0	0		
C.T. (Computerized Tomography)	0	0		
Mammographic	0	0		
Stereotactic Biopsy	0	0		
Fluoroscopic: Under Table	0	0		
Fluoroscopic: Above Table	0	0		
Fluoroscopic: C-Arm (Stationary)	0	0		
Fluoroscopic: C-Arm (Mobile)	0	0		
Fluoroscopic: C-Arm (Miniature)	0	0		
Fluoroscopic: Lateral	0	0		
Therapy - Operates <=> 250 Kv	0	0		
Simulator: C.T.	0	0		
Simulator: Radiographic	0	0		
Simulator: Fluoroscopic	0	0		

Dental				
Description	Operable Currently Registered	Inoperable Currently Registered	Add # of Operable Tube(s)	Add # of Inoperable Tube(s)
Intraoral	0	0		

Add the inoperable tube in the appropriate inoperable column

# Change Tube Type Operable to Inoperable amendment – Step four

File Edit View Favorites Tools Help

Therapy - Operates >= 1 MV (Linac) 0 0

**Veterinary**

Description	Operable Currently Registered	Inoperable Currently Registered	Add # of Operable Tube(s)	Add # of Inoperable Tube(s)
Radiographic	0	0		
Dental	0	0		
C.T.	0	0		
Fluoroscopy	0	0		
Therapy >= 1 MV (Linear Accelerator)	0	0		
Radiographic (Mobile)	0	0		

**Non-Medical - Analytical**

Description	Operable Currently Registered	Inoperable Currently Registered	Add # of Operable Tube(s)	Add # of Inoperable Tube(s)
Gauging Unit	0	0		
Electron Microscope/Photoelectron Spectrometer	0	0		
Open Beam Analytical	0	0		
Closed Beam Analytical	0	0		
Hand-held Analytical	0	0		

**Non-Medical - Radiographic & Irradiation Devices**

Description	Operable Currently Registered	Inoperable Currently Registered	Add # of Operable Tube(s)	Add # of Inoperable Tube(s)
Particle Accelerator	0	0		
Bomb Detection Unit	0	0		
Enclosed System (Exclude Admittance)	0	0		
Enclosed System ( Allows Admittance)	0	0		
Radiographic (non-enclosed or Temp. job site)	0	0		
C-arm (Mini)	0	0		
Particle Accelerator <250 kVp	0	0		

**Miscellaneous**

Description	Operable Currently Registered	Inoperable Currently Registered	Add # of Operable Tube(s)	Add # of Inoperable Tube(s)
Tube Only	0	0		

Save

Select Save

# Change Tube Type Operable to Inoperable amendment – Step five

Select the Amend button.

The screenshot shows a web browser window with the Ohio Department of Health X-Ray Registration and Inspection portal. The page title is "Apply for a New Registration". Below the title, there is a text box that says "If you have any questions, please contact ODH at (614) 995-4777". To the right of this text box are three buttons: "Amend", "Print Certificate", and "Contact ODH". A red arrow points from the text box "Select the Amend button." to the "Amend" button. The main content area is divided into several sections: "Identification", "Registration Dates", "Individual Responsible for Radiation Protection", "Responsible Officer", "Addresses and Communications", and "Radiation Sources".

**Identification**  
Facility: ABC Dental Associates Inc  
Facility Type: [Dental Office](#)  
Reg #: [02-A-04377-001](#)

**Registration Dates**  
Expiration Date: [07-31-2012](#) Latest Amend Date: [04-27-2012](#)  
Last Inspection Date: [01-24-2012](#) Last Partial Inspection Date:

**Individual Responsible for Radiation Protection**  
IRRP: [Alfred B Cranes DDS](#)  
E-Mail: [dentist123@abcdentist.com](mailto:dentist123@abcdentist.com)

**Responsible Officer**  
Name: [Alfred B Cranes DDS](#) Title: [DDS](#)

**Addresses and Communications**

Source	Mailing	Billing
123 N High St Ste 123 Worthington, OH 43085 Franklin County	123 N High St Ste 123 Worthington, OH 43085 Franklin County	123 N High St Ste 123 Worthington, OH 43085 Franklin County
Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381

**Radiation Sources**

Description	Operable X-ray Tubes Registered	Inoperable X-ray Tubes Registered
Extraoral with Panorax	1	0
CT (Computed Tomography)	1	0
<b>Total # of X-ray Tubes</b>	<b>2</b>	<b>0</b>

# Change Tube Type Operable to Inoperable amendment – Step six

Ohio Department of Health X-Ray Registration and Inspection

[Instructions](#) [Home](#) [Logout](#)

Apply for a New Registration  
If you have any questions, please contact ODH at (614) 995-4727

**Online Amendment Instructions**

Before you begin, it may be helpful to print out specific instructions from the link above. If you have questions, please call (614) 995-4727 or e-mail [xrayreg@odh.ohio.gov](mailto:xrayreg@odh.ohio.gov). Remember to print your certificate after your approved changes. (Only accounts in compliance with a zero balance will show the PRINT CERTIFICATE button.)

Select the Tube Reduction button and allow a few moments for the amendment page to open in edit mode

one/fax numbers

**ODH-Approved Amendments**

Select one of the amendment types below to reduce tube count or make corrections to your record.

- Tube reduction
- Facility name correction
- Tax identification number correction
- Responsible officer change (not IRRP change)
- Facility type change

Error corrections or wrong tube category - If you added/decreased an incorrect amount of tubes, or if your registration shows the wrong tube category, please call 614-995-4727. DO NOT SUBMIT ONLINE additions or reductions for the correction of errors. Staff will assist you in correcting your record.

# Change Tube Type Operable to Inoperable amendment – Step seven

**Source Reduction Amendment**

Enter an X for the tube to be removed from your inventory and then click the Next button. After clicking the Next button, you will be required to complete additional fields/information on Disposal or Transfer of RGE. ODH will review for approval before becoming effective. A confirmation message will be provided after the submittal of each amendment which you should print out and keep for your reference.

	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
0	0	0	<input type="button" value=""/>	<input type="button" value=""/>
0	0	0	<input type="button" value=""/>	<input type="button" value=""/>
Extraoral (other than Panorai)	0	0	<input type="button" value=""/>	<input type="button" value=""/>
Extraoral with Intraoral	0	0	<input type="button" value=""/>	<input type="button" value=""/>
Extraoral with Panorai	1	0	<input type="text" value=""/>	<input type="button" value=""/>
CT (Computed Tomography)	1	0	<input type="text" value=""/>	<input type="button" value=""/>
Hand-held Dental	1	0	<input type="text" value=""/>	<input type="button" value=""/>

**Therapy**

Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
Therapy - Operates >= 250Kv	0	0	<input type="button" value=""/>	<input type="button" value=""/>
IV (Linac)	0	0	<input type="button" value=""/>	<input type="button" value=""/>

**veterinary**

Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
Radiographic	0	0	<input type="button" value=""/>	<input type="button" value=""/>
Dental	0	0	<input type="button" value=""/>	<input type="button" value=""/>
C.T.	0	0	<input type="button" value=""/>	<input type="button" value=""/>
Fluroscopy	0	0	<input type="button" value=""/>	<input type="button" value=""/>
Therapy >= 1 MV (Linear Accelerator)	0	0	<input type="button" value=""/>	<input type="button" value=""/>
Radiographic (Mobile)	0	0	<input type="button" value=""/>	<input type="button" value=""/>

**Non-Medical - Analytical**

Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
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and enter an "X" in the appropriate operable tube field

# Change Tube Type Operable to Inoperable amendment – Step eight

Select Next

The screenshot displays a software application window with a menu bar (File, Edit, View, Favorites, Tools, Help) and a toolbar. The main content area is divided into sections. The top section is titled 'Dental' and contains a table with the following data:

Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
Intraoral	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Panoral (only)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral (other than Panoral)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral with intraoral	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Extraoral with Panoral	1	0	<input type="checkbox"/>	<input type="checkbox"/>

Below this table is another section with a list of equipment types and their counts:

Enclosed System ( Allows Admittance)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Radiographic (non-enclosed or Temp. job site)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
C-arm (Mini)	0	0	<input type="checkbox"/>	<input type="checkbox"/>
Particle Accelerator <250 Kvp	0	0	<input type="checkbox"/>	<input type="checkbox"/>

The bottom section is titled 'Miscellaneous' and contains a table with the following data:

Description	Operable Currently Registered	Inoperable Currently Registered	Remove Operable Tube	Remove Inoperable Tube
Tube Only	0	0	<input type="checkbox"/>	<input type="checkbox"/>

At the bottom of the window, there are 'Back' and 'Next' buttons. A red arrow points from a box labeled 'Select Next' to the 'Next' button.

# Change Tube Type Operable to Inoperable amendment – Step nine

File Edit View Favorites Tools Help

Ohio Department of Health X-Ray Registration and Inspection

Instructions Home Logout

Apply for a New Registration

If you have any questions, please contact ODH at (614) 995-4727

Source Reduction Amendment - Transfer/Disposal Information

Enter the information, enter comments if applicable, and then click on the Submit button.

\* required field

Identification

Facility Name: ABC Dental Associates Inc  
Registration Number: 02-A-04377-001

Tube Code: D5  
Tube Name: Extraoral with Panoramic  
Tube Status: Operable

\* Date of Transfer:  (mm/dd/yyyy)

\* Recipient Name:

\* Phone:    Ext.

\* Street Address:

\* City:

\* State: Ohio

\* Zip Code:

\* Manufacturer:

\* Model #:

\* Serial #:

Comments (Maximum of 160 characters):

Back Submit

1. Since the tube is still on site at your location, enter **your facility's information**, complete all fields with appropriate information

2. State in "Comments" the tube was made inoperable

3. Select Submit when finished

# Change Tube Type Operable to Inoperable amendment – Step ten

The screenshot shows a web browser window with the following elements:

- Browser Menu:** File, Edit, View, Favorites, Tools, Help
- Browser Icons:** Home, Back, Forward, Print, Page, Safety, Tools, Help
- Page Header:** Ohio Department of Health X-Ray Registration and Inspection
- Page Navigation:** Instructions, Home, Logout
- Left Sidebar:** Apply for a New Registration. If you have any questions, please contact ODH at (614) 995-4727
- Main Content Area:**
  - Congratulations! You have successfully submitted your source reduction amendment.
  - The Registration Program staff will review the documentation provided within two to three business days. Once your amendment has been approved, you will receive a confirming e-mail.
  - Click this button to submit another source reduction amendment for the same facility:  
[Submit Another Amendment](#)
  - Click this button to return to the same facility:  
[Return to the Facility page](#)
  - To submit an amendment for a different facility, click on the Home link at the top of the page.
  - Thank you,  
X-ray Registration  
Office of Health Assurance and Licensing  
Ohio Department of Health

Select  
Submit Another Amendment button  
or  
Return to the Facility page button

# Change Tube Type Operable to Inoperable amendment - completion

ODH will review for approval before becoming effective. A confirmation message will be provided after the submittal of each amendment which you should print out and keep for your reference.

Tube reductions/corrections are not immediate and may take one to two business days to process.

**From:**  
**Sent:**  
**To:** C  
**Subject:** You will receive a confirmation e-mail once the amendment has been approved or denied.

**This email is generated automatically; DO NOT REPLY as you will not get a response back.**

Facility Name: FACILITY NAME

Registration Number: REGISTRATION NUMBER

**The online x-ray registration amendment for the transfer/disposal of the operable tube has been approved.**

**If you have questions regarding this e-mail, please contact our office at 614.995.4727 or visit our web site for additional information. <http://www.odh.ohio.gov/odhprograms/rp/registration/registration.aspx>**

Thank you,  
X-ray Registration  
Office of Health Assurance and Licensing  
Ohio Department of Health

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