



Registration of Radiation Machines--Bureau of Diagnostic Services--MO Radiation Control



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Facility Demographic/Contact Information

Facility Name

MRCP-Assigned Facility
Registration # (If Known):

Physical Address of Facility:

Facility City:

State:

ZIP:

County:

Facility Phone:

Facility FAX#
(if any);

Primary Facility E-mail:

Owned by/ Parent
Organization (if any):

Corporate/Mail Address
If different than physical:

Primary Responsible
Person for Compliance:

Qualified Expert
(QE)/ Physicist:

Facility's Inventory of Radiation Machines

Machine Room Number or LOCATION:	Machine TYPE or USAGE Choose from List or Write in	Radiation Machine Control MANUFACTURER:	Radiation Machine Control MODEL	Radiation Machine Control SERIAL NUMBER:
Machine A:				
Machine B:				
Machine C:				
Machine D:				
Machine E:				
Machine F:				
Machine G:				
Machine H:				
Machine I:				
Machine J:				
Machine K:				
Machine L:				
Machine M:				
Machine N:				
Machine O:				

If Facility Has More Than Fifteen (15) Machines, Continue On Additional Registration Form(s) As Needed.

Explanatory
Comments
As Needed:

Name of Authorized Facility Agent Completing Form
(and certifying accuracy of the information):

Agent
Title:

Date Form
Completed

*Form Submission Indicates Name of the Authorized
Agent as Electronic Equivalent to a Legal Signature.*