## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET SACRAMENTO, CA 95814 (916) 445-0931



April 13, 1984

TEMPORARY REGISTRATION
GL DEVICES

California Cooler, Inc. 15666 Attn: R. Anderson 2601 Teepee Dr. Stockton, CA 95205

31.5D

Gentlemen:

This is to acknowledge receipt of your request to register generally licensed device(s) containing radioactive material per 17 CAC 30192(c).

Presently, the California Department of Health Services is revising the process to register generally licensed devices in California. This letter will serve as a temporary notice of registration during the interim period.

Sincerely,

Gerard C. Wong, Ph.D.

Senior Health Physicist Radioactive Materials Licensing

Radiologic Health Branch

140330

Nxo3

9901250159 840413 PDR RC \* SSD PDR Place read instructions on reverse before completing

Prepare a separate set of registration forms for each installation (location).

Submit original and duplicate copy. Retain triplicate copy for your own records.

STATE OF CALIFORNIA .
DEPARTMENT OF HEALTH
P. O. Box 1525
Sacramento, California 95807
(916) 322-2073

### REGISTRATION OF RADIATION SOURCES

This space for Department of Health use only

L cetter

DENTIFICATI					
CALIFO	ORNIA COOLER, IN	ic.		2	
	NAME OF PERSON OR ORGA	NIZATION POSSESSING A	RADIATION SOURCE	PREVIOUS REGISTRATION NUMBER (IF	FAN
2607 5	Ceepee Drive		G+1	05305	
2001	LOCATION OF INSTALLATION	- NUMBER AND STREE	Stockton	95205 ZIP CODE CO	OUNT
				211 2012	OUN
		5. Bottlir	ng		
TEL	EPHONE NUMBER	NA T	TURE OF BUSINESS OR PROFESSIONA	L SPECIALTY	
MAI	ING ADDRESS (IF DIFFERENT FRO	DM ABOVE)	CITY	ZIP CODE STATE (IF NOT CALIFO	RNIA
ENERALLY LI	CENSED DEVICES	STATE OF THE PARTY		AN 241	
	ist any generally licensed radioactive materials			100 mile	
subject to th	e registration requirements: (	See instructions)		100 mc	
No. of	Type of Device			General License Number (enter number shown on	7
Devices				label of device)	
3	FILTEC Model FT-12 Fill Level Inspector			GL 1586-70	1
					7
e you possess	CHINES: Show the number of m	ed for two or more	D. When did you acqui		
pe you possess		ed for two or more	sources reported or form?	n this	
pe you possess	. If a single x-ray tube is use	ed for two or more cable item. Numbe Mackin	sources reported or form?  REGISTRATION F	n this	
pe you possess	. If a single x-ray tube is use purposes show it in each appli Medical (including chiropra	ed for two or more cable item. Numbe Mackin	sources reported or form?  REGISTRATION F  1. ENTER TOTAL	EE . NUMBER OF RADIATION MACHINES HERE	1
pe you possess the following p	Medical (including chiropra and podiatry)  Dental	cable item. Number Magkin	sources reported or form?  E. REGISTRATION F  1. ENTER TOTAL  Enter each X-ra	n this	1
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Radiographic X-ray	Medical (including chiropratand podiatry)  Dental  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)	cable item.  Number Mackin  totic  1  2  3  4  5  totic	sources reported or form?  E. REGISTRATION F  1. ENTER TOTAL  Enter each X-ra single X-ray tut	NUMBER OF RADIATION MACHINES HERE by tube as a separate machine. Do not count a the more than once. (Section C does not have total.)	Am
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Radiographic X-ray	Medical (including chiropral and podiatry)  Dental  Veterinary  Industrial  Other  Medical (including chiropral and podiatry)  Veterinary  Industrial  Other  Medical (including chiropral and podiatry)  Veterinary  Industrial	cable item.  Number Mackin  totic  1  5  totic  6  7	sources reported or form?  E. REGISTRATION F  1. ENTER TOTAL  Enter each X-ray single X-ray tut to add to this to	NUMBER OF RADIATION MACHINES HERE by tube as a separate machine. Do not count a the more than once. (Section C does not have total.)	1
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Padiographic X-ray  Therapeutic X-ray	Medical (including chiropratand podiatry)  Dental  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)  Veterinary  Industrial  Other  Medical 500 Kv or less over 500 Kv	cable item.  Number Mackin  totic  1  5  totic  6  7	sources reported or form?  E. REGISTRATION F  1. ENTER TOTAL  Enter each X-ray single X-ray tut to add to this to	NUMBER OF RADIATION MACHINES HERE by tube as a separate machine. Do not count a be more than once. (Section C does not have otal.)  HARGE HERE MAR 2 9 1984	Am
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Radiographic X-ray  Therapeutic X-ray  Therapeutic X-ray  Including Grenz Ray)	Medical (including chiropratand podiatry)  Dental  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)  Veterinary  Industrial  Other  Medical 500 Kv or less over 500 Kv	od for two or more cable item.  Number Macking of the cable item.	sources reported or form?  E. REGISTRATION F  1. ENTER TOTAL  Enter each X-ray single X-ray tut to add to this to  2. ENTER FEE Co	TRATION FEE NOW DUE PIERE.  White the second	1
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Radiographic X-ray  Therapeutic X-ray  Therapeutic X-ray  Including Grenz Ray)  Other Radiation Producing	Medical (including chiropratand podiatry)  Dental  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)  Veterinary  Industrial  Other  Medical 500 Kv or less over 500 Kv  Veterinary  Accelerators (non human use	od for two or more cable item. Number Maghinetic 1 2 3 4 5 5 5 5 5 6 6 6 7 7 8 9 9 10 10 11 12 13	sources reported or form?  E. REGISTRATION F  1. ENTER TOTAL  Enter each X-ray tut to add to this to add to thi	TRATION FEE NOW DUE HERE.  Umber of machines in Box 1 by ox 2. Pay this amount when stration. Checks or money we made payable to: 'California	Am
Padiographic X-ray	Medical (including chiropratand podiatry)  Dental  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)  Veterinary  Industrial  Other  Medical (including chiropratand podiatry)  Veterinary  Industrial  Other  Medical 500 Kv or less over 500 Kv  Veterinary  Accelerators (non human use	od for two or more cable item. Number Maghinetic 1 2 3 4 5 5 5 5 5 6 6 6 7 7 8 9 9 10 10 11 12 13 14	sources reported or form?  E. REGISTRATION F  1. ENTER TOTAL  Enter each X-ray single X-ray tut to add to this to  2. ENTER FEE Company of the company of th	TRATION FEE NOW DUE HERE.  Umber of machines in Box 1 by ox 2. Pay this amount when stration. Checks or money we made payable to: 'California	A

RH 2261 (6/76)

Radiologic Health Section P. O. Box 1525 Sacramento, CA 95807

Area Code(203 4 00 - 7

TELEPHONE NUMBER

DATE

#### GENERAL INFORMATION

#### 1. Registration Requirement

Every person possessing a reportable source of radiation must register with the State Department of Health within 30 days of acquiring each such source. All registrations must be renewed biennially, during the month of July of every even-numbered year.

## 2. Reportable Sources - Radiation Machines

Radiation machines which require registration include RADIOGRAPHIC AND FLUOROSCOPIC X-RAY UNITS, X-RAY THERAPY UNITS, ACCELERATORS, ELECTRON MICROSCOPES, X-RAY DIFFRACTION UNITS, AND SIMILAR RADIATION PRODUCING MACHINES. Devices which depend on radioactive materials as the sole source of radiation are not considered radiation machines.

#### 3. Notification of Status Change

If you (1) change your name or address, (2) change location of your radiation installation, (3) sell, transfer, or dispose of a reportable radiation source(s), or (4) acquire additional radiation machine(s), the State Department of Health must be notified within 30 days on Form RH 2281.

Form RH 2281 may be obtained by requesting it in writing from the Department of Health, Radiologic Health Section, 714 P Street, Sacramento, CA 95814 or telephone (916) 445-6256.

If there is a loss or theft of a reportable radiation source, the Department must be notified immediately. Call (916) 445-6256.

# INSTRUCTIONS FOR COMPLETION OF RADIATION SOURCE REGISTRATION FORM

SECTION A					
Item 1	Print or type the legal name of the registrant.				
Item 2	Enter your registration number (if known) if you have previously been assigned a registration number for this installation.				
Item 3	Show the location of the radiation source installation. A separate registration is required for each installation. (An installation is a location where one or more sources of radiation are kept.) If a radiation source is used at more than one location, show the installation where it is usually used or stored. Where applicable, show the room number or building designation also.				
Item 4	Show the telephone number where someone familiar with the installation may be reached.				
Item 5	Show the nature of business or professional speciality of the registrant at this installation.				
	For example:				
	Radiologist Oral Surgeon Chiropractor	Veterinarian Gynecologist Private Hospital	Food Processing Plant Orthodontist M.D. (General Practice)		
Item 6	Show the mailing address of the registrant if you do not wish correspondence mailed to the location address shown in Item 3.				
SECTION B	Generally licensed devices subject to registration are those devices containing radioactive materials which are covered by Section 30192(c) of the California Radiation Control Regulations. Show the number and type of such devices and enter the license number indicated on the label of the device. DO NOT list radiation machines or specifically licensed radioactive materials in this section.				
SECTION C	Show the number of radiation machines of each type. If a machine is used for more than one purpose, show it in each applicable space.				
	If you have any radiation mach producing machines." Describe	nines for which there is no sp such machines, using a separ	ecific listing in Section C, show as "other radiation ate sheet of paper, if necessary.		
SECTION D	Show the date you acquired the radiation sources being reported.				
SECTION E	In most cases, the items in Section C will add to this total. In cases where a single x-ray tube is used for more				

than one purpose, this number may be less than the total of Section C.