

ARIZONA RADIATION REGULATORY AGENCY

ARRA-4I is an attachment to the ARRA-4 for the registration of any x-ray system used in industry. This form may also be used for a specimen x-ray system utilized in a medical or hospital setting.
(Complete 1 ARRA-4I for EACH x-ray unit for which you are applying for registration. Or you may print the completed form, sign by hand, scan and submit as an email attachment. The completed form may also be submitted via fax or mail.)

1. **Facility Name:**
Street Address:
City and Zip:
2. **Registration Number for current registrants:** I - or **NEW Applicant**
3. **Your Name and Title:**
4. **Machine Type (check applicable type of x-ray):**

Check the box that best describes your type of x-ray system.	
Industrial Radiography	Analytical X-Ray
Industrial Radiography is the use of x-rays to <u>visualize</u> a component for verifying integrity, locating defects, or to view the contents of a package or container. Also included is a specifically designed unit for the viewing of a specimen in a medical setting. Rules regulating industrial radiography are found in A.A.C. R12-1 Article 11.	An analytical x-ray system uses x-rays to determine the elemental composition or examine the microstructure of materials. Rules regulating analytical x-ray operations are found in A.A.C. R-12 Article 8.

Check the box that best describes your type of industrial Radiography Unit.	Check the box that best describes your type of analytical X-Ray system.
<input type="checkbox"/> Baggage and package inspection system. (A.A.C. R-12-1-1142)	<input type="checkbox"/> Enclosed beam analytical system (A.A.C. R-12-1-803)
<input type="checkbox"/> Certified or certifiable cabinet x-ray system (A.A.C. R-12-1-1140)	
<input type="checkbox"/> Shielded room x-ray system. (A.A.C. R-12-1-1140)	<input type="checkbox"/> Open beam analytical system. (A.A.C. R-12-1-804)
<input type="checkbox"/> Open beam Radiography performed at a location other than a permanent installation.	
<input type="checkbox"/> Open beam radiography performed at a permanent installation.	

5. **Machine Subtype:**
 Stationary Mobile Portable Handheld Transportable

6. **Equipment Information:**
 Manufacturer name: Model Name:
 Number of tubes: Location of unit:
 New Unit: Replacement Unit: Unit Removed: Total Number of Units at Facility:
 Replaced or deleted unit make and model Name:
 To whom and where was the unit transferred?

For temporary locations, please provide a copy of your operating and emergency procedures which contain the information required by A.A.C. R-12-1-1128. Please provide the specific instruction including any restrictions provided to the radiographers.

SHIELDING INFORMATION (for shielded room only) Submit as an attachment to this form.
INSTRUCTION: Please provide a drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with A.A.C. R-12-1-408 and A.A.C. R-12-1-416.