

**ARIZONA RADIATION REGULATORY AGENCY****ATTACHMENT TO ARRA-4 AND ARRA-4X FOR REGISTRATION OF AN ELECTRONIC BRACHYTHERAPY DEVICE**

<b>Facility Name</b>			
<b>Physical Address</b>	Street Address		Suite
	City	AZ	Zip

<b>Registration Number</b>	-	<b>New Applicant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Must submit ARRA-4 and ARRA-4X if new facility
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<b>Radiation Safety Officer Name</b>		<b>RSO Phone Number</b>	
I have reviewed the current medical event plan, day of use quality assurance plan, and monitoring equipment and attest that they are in compliance with the requirements of R12-1-611.01 or R12-1-611.02			
<b>RSO Signature</b>		<b>Date</b>	

<b>Type of Therapy Provided</b>	<input type="checkbox"/> All	<input type="checkbox"/> Interstitial/Intracavity	<input type="checkbox"/> Superficial Only	<input type="checkbox"/> Other
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<b>Authorized User(s)</b>	<b>Agency License or therapy Registration number(s)</b>
If not currently listed on an Agency License or therapy Registration, you must provide documentation showing compliance with R12-1-611.01(L) Additional Authorized Users may be submitted on an attached sheet.	

<b>Qualified Medical Physicist(s)</b>	<b>Agency Certification Number(s)</b>
Additional Qualified Medical Physicists may be submitted on an attached sheet.	

<b>Do you have a Medical Event plan? (PLEASE ATTACH)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Facility Design meets the Requirements of R12-1-603(C) and R12-1-611(C)? (PLEASE ATTACH)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you a Mobile Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have Monitoring Equipment calibrated for energy range?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dosimetry issued to Occupational Workers?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Day of Use Quality Assurance Plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have read R12-1-611.01 and attest that operation of our E-Brachytherapy equipment will be in compliance with the Article, or have attached proposed deviations to request registration under R12-1-611.02		
<b>Signature</b>		<b>Date</b>