



DIAGNOSTIC ACCREDITATION PROGRAM
College of Physicians and Surgeons of British Columbia

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Medical Facilities X-ray Equipment Registration

Note: To successfully fulfill mandatory requirement RS4.2 of the Diagnostic Accreditation Program's Diagnostic Imaging Standards, all new and replaced medical x-ray equipment must be registered with the Diagnostic Accreditation Program and include the following information.

FACILITY INFORMATION	
Facility name:	_____
Address:	_____
Owner name:	_____
Phone number:	_____ Email: _____
Radiation safety officer:	_____
Phone number:	_____ Email: _____

EQUIPMENT INFORMATION	
<input type="checkbox"/> C-Arm	<input type="checkbox"/> Computed tomography (CT)
<input type="checkbox"/> Radiographic	<input type="checkbox"/> Radioscopic
<input type="checkbox"/> Radiographic/Fluoro (R&F)	
<input type="radio"/> New	<input type="radio"/> Upgrade (e.g. Tube Replacement)
<input type="radio"/> Stationary	<input type="radio"/> Portable
Room name/number: _____	
System	
Manufacturer: _____	
Model: _____	Year of manufacture: _____
Device master serial number: _____	Installation date: _____
Tube insert	
Manufacturer: _____	
Tube 1 insert number: _____	Installation date: _____
Tube 2 insert number: _____	Installation date: _____

Please return the completed form by email at diagnosticimaging@cpsbc.ca.

The information on this form is collected under the authority of section 5-21 of the Bylaws under the *Health Professions Act*, RSBC 1996, c.183. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver BC V6C 0B4 or by phone at 604-733-7758 or 1-800-461-3008 (toll-free in BC).