



# Report of Change

**Purpose for Request- Check all that apply.**

- Name Change (If name change is the result of a change in ownership, please submit Form DES 0845 with fee.)
- Relocation/Address Change
- Change of Facility Contact Information
- Change of Billing Contact Information
- RSO Change
- Other Change : \_\_\_\_\_

\*Equipment changes should be reported on Form DES 0819.

Facility Name (as registered with the Department): \_\_\_\_\_

Registration Number: \_\_\_\_\_

For the changes indicated above, complete the relevant sections below:

**Facility Information:**

New Facility Name (if applicable): \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Give full names of partners, co-owners, etc. (if applicable): \_\_\_\_\_

If there are Corporate owners, five full name (if applicable): \_\_\_\_\_

**Facility Contact:**

Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Billing Contact:**

Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Radiation Safety Officer (RSO):**

Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Qualifications of RSO: \_\_\_\_\_

**Other Change:** \_\_\_\_\_

**Please Return To:**

S.C. Department of Environmental Services  
Bureau of Radiological Health  
Report of Change  
2600 Bull Street  
Columbia, SC 29201

Signature of RSO: \_\_\_\_\_

Printed name of RSO: \_\_\_\_\_

(803) 545-4400 FAX (803) 545-4412

**S.C. DEPARTMENT OF ENVIRONMENTAL SERVICES**

**BUREAU OF RADIOLOGICAL HEALTH**

**Report of Change**

**PURPOSE:**

This form is for the Report of Change. The registrant shall report to the Department any changes of status affecting any x-ray machine or facility within 30 days.

**EXPLANATION AND DEFINITION:**

This form is to be completed at least annually by the employee and the Employee Health Nurse (EHN) or designee for all employees with documented positive tuberculin skin tests.

**ITEM BY ITEM INSTRUCTIONS:**

Purpose for Request – Indicate by checking the appropriate purpose for the request. If “Other,” specify in the blank.

Facility Name – This refers to the person or company that owns the x-ray machine(s).

Registration Number- Give the facility’s registration number.

Complete only the relevant sections.

New facility name- Give the new name of the facility.

Location Address – Give the address where the machine is physically located.

Mailing address – Give the mailing address if different from the location address.

Names of partners, co-owners, etc. – Full names of partners, co-owners, etc. if applicable.

Name of Corporate owners, if applicable.

Facility Contact Name and title – The person responsible for the submission of this request.

Mailing Address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

E-mail – Self-explanatory.

Billing Contact Name and title – The person responsible for the payment of bills.

Mailing Address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

E-mail – Self-explanatory.

Radiation Safety Officer (RSO) – Give the name of the person who will be responsible for radiation protection at the facility.

Mailing Address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

E-mail – Self-explanatory.

Qualifications of RSO – List the qualification/training of the RSO.

Other Change- Specify the details of the change.

Signature of RSO – Must be signed by the RSO.

Printed name of RSO – Must be legibly printed.

**OFFICE MECHANICS AND FILING:**

When the Report of Change forms are received, stamp the form and all attachments with the date received. After changes are processed, the form and all attachments are placed into the registrant’s file. The retention schedule series for this form is 11908- X-Ray Files and/or 16470 Mammography Files. These forms are maintained in facility files and purged 3 years after the termination of the facility.