



PA VENDOR/SERVICE PROVIDERS REPORT to BRP
For Radiation-Producing Machines

BRP assigned Registration Number: 80- _____	Page <u>1</u> of _____
Name of Company: _____	
Telephone Number (where you can be contacted): (____) _____	
Reported by (sign and print name): _____	Date: _____

Name/Location of Service _____
 (address where service was performed) _____
Telephone Phone # _____

Service Provided _____

Service Date: _____

Type of Equipment: _____
Manufacturer: _____
Model/Serial Number: _____

Registration/License # of Unit:

Service Technician: _____

Name/Location of Service _____
 (address where service was performed) _____
Telephone Phone # _____

Service Provided _____

Type of Equipment: _____
Manufacturer: _____
Model/Serial Number: _____

Registration/License # of Unit:

Service Technician: _____

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Page ____ of ____

Name/Location of Service _____
(address where service _____
was performed) _____
Telephone Phone # _____
Service Provided _____

Type of Equipment: _____
Manufacturer: _____
Model/Serial Number: _____

Registration/License # of Unit:

Service Technician: _____

Name/Location of Service _____
(address where service _____
was performed) _____
Telephone Phone # _____
Service Provided _____

Type of Equipment: _____
Manufacturer: _____
Model/Serial Number: _____

Registration/License # of Unit:

Service Technician: _____

Name/Location of Service _____
(address where service _____
was performed) _____
Telephone Phone # _____
Service Provided _____

Type of Equipment: _____
Manufacturer: _____
Model/Serial Number: _____

Registration/License # of Unit:

Service Technician: _____

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REPORT INSTRUCTIONS:

- Submit this report to the Department within 15 days of the service date.
- Fill in your vendor/service providers' registration number. If no number has been assigned please call the Bureau of Radiation Protection (717-787-3720) and request a registration form.
- Enter your Company Name as it appears on the registration form.
- Enter a telephone number where you can be reached.
- Sign and print your name.
- Enter today's date.
- Indicate the number of pages in this report.

NOTE: No further report is necessary if a copy of the assembler's report on United States Food and Drug Administration (FDA) Form 2579 is submitted for each unit serviced. Continue to complete the PA Vendor/Service Providers Report if a FDA 2579 is not completed.

- Provide the name, location and telephone number of the facility where the service occurred.
- Enter the type of service and the date of service.
- Record the type of radiation-producing machine, the manufacturer's name, model number and control panel serial number, or major x-ray system components involved in the transaction.
- Record the Pennsylvania Department of Environmental Protection registration/license number assigned by the Bureau of Radiation Protection for the client facility. Indicate on the form if no registration/license number is available.
- Enter the name of the technician who performed the service.

If necessary, make additional copies of the blank page 2 to record all units serviced.

The completed form may be submitted by either:

E-mail: ra-epbrpvendor@state.pa.us

Fax: 717-783-8965

or by US Postal Service:

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Radiation Protection
P.O. Box 8469
Harrisburg, PA 17105-8469

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