

FORM B  
[Clause 31(a)]**Registration of Medical Ultrasound Equipment****General Information**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Location of Ultrasound Unit: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

**Equipment Information**

Manufacturer: \_\_\_\_\_

Control: Model No.: \_\_\_\_\_ S/N: \_\_\_\_\_ Year New: \_\_\_\_\_

Transducer No. 1: Model No.: \_\_\_\_\_ S/N: \_\_\_\_\_ Year New: \_\_\_\_\_

Area (cm<sup>2</sup>): \_\_\_\_\_ Frequency (Hz): \_\_\_\_\_

Transducer No. 2: Model No.: \_\_\_\_\_ S/N: \_\_\_\_\_ Year New: \_\_\_\_\_

Area (cm<sup>2</sup>): \_\_\_\_\_ Frequency (Hz): \_\_\_\_\_

Transducer No. 3: Model No.: \_\_\_\_\_ S/N: \_\_\_\_\_ Year New: \_\_\_\_\_

Area (cm<sup>2</sup>): \_\_\_\_\_ Frequency (Hz): \_\_\_\_\_*\*\*If you have additional transducers, please list them on the back of this form.*Operation: ☐ Continuous Wave ☐ Pulsed

Rating: Power (watts): \_\_\_\_\_ Energy (joules): \_\_\_\_\_

Power Density (W/m<sup>2</sup>): \_\_\_\_\_ Energy Density (J/m<sup>2</sup>): \_\_\_\_\_

Pulse Duration (second): \_\_\_\_\_

Pulse Repetition Frequency: \_\_\_\_\_

**Equipment Use**☐ Diagnostic ☐ Therapeutic ☐ Bone Densitometry\_\_\_\_\_  
(date)\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(position)

Complete and return this form to Radiation Safety Unit, 1870 Albert Street, Regina, Saskatchewan, S4P 3V7