

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 (cm²): _____ Frequency (Hz): _____

Transducer No. 2: Model No.: _____ S/N: _____ Year New: _____

Area (cm²): _____ Frequency (Hz): _____

Transducer No. 3: Model No.: _____ S/N: _____ Year New: _____

Area (cm²): _____ 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/m²): _____ Energy Density (J/m²): _____

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