Ontario Ministry of Health

Form 2 – Application for Approval of X-ray Installation

☐ Existing Owner

☐ New Owner (No Registration Number)

MOH Facility Registration Number

Collection of the information on this form, including the applicant's name, address and X-ray equipment information, is authorized under the *Healing Arts Radiation Protection Act*, R.S.O. 1990, c.H.2, Section 3.

Instructions

1. Return this completed application electronically to the e-mail address below.
2. Ensure one Form 3 is completed for each X-ray machine requiring approval.
3. If applicable, send your original payment of $360.00 issued to the "Minister of Finance" to the mailing address below and an electronic copy of the certified cheque to the e-mail address below.

Ministry of Health
X-ray Inspection Service
5700 Yonge Street, 5th Floor
Toronto ON M2M 4K5
Telephone: 416-327-7937
Submission of plan and relevant forms: xrisplans@ontario.ca

Will the X-ray machine(s) be used to irradiate humans?

☐ Yes. Proceed with this application.

☐ No. X-ray machine(s) will be used on non-humans only (e.g., animals, mannequins). Please contact this office for referral to Ministry of Labour, Training and Skills Development.

The undersigned, as owner or agent, applies for approval of a permanent X-ray location.

It is accompanied by the plan and one completed **Form 3** for each X-ray room for which approval is sought.

Note: Please refer to the Information Pamphlet for plan specifications and submission criteria. Omission of any details may result in the rejection of your application.

1. Information Regarding Plan Submitter/Agent

As of October 1, 2013, all approved plans are returned to the plan submitter via e-mail. If you wish to obtain a copy of the approved plan, please contact your plan submitter.

Last Name	First Name

Corporate Name

Telephone Number ext.	Fax Number	Email Address

2. Owner or CEO/President of the X-ray Machine(s)

Facility/Operating Name

Corporate Name (if applicable)

Owner of X-ray Machine(s) at facility – Specify owner(s) if multiple owners or CEO/President if corporation

Last Name	First Name	Middle Initial

3. Radiation Protection Officer (RPO)

☐ Same as Owner of the X-ray machine(s) in **Section 2**

 © King's Printer for Ontario, 2022

Last Name	First Name

Telephone Number ext.	RPO's Email Address

4. Location of X-ray Facility

Unit Number	Street Number	Street Name	PO Box

City/Town	Province Ontario	Postal Code

Telephone Number ext.	Fax Number	Email Address

5. Type of X-ray Facility (Select all that apply)

☐Dental Facility
☐Chiropractic Facility
☐Podiatric Facility
☐Hospital
☐Correctional Centre
☐Independent Health Facility (IHF) ▶

IHF Billing Number	IHF Licence Number

☐Mammographic Facility
☐Ontario Breast Screening Program (OBSP)
☐Postsecondary Institution or Career College
☐Long-Term Care Facility
☐Other (specify)

6. Reason for Application (Select one only)

Option A: ☐Opening new facility (specified in **Section 4**)
Option B: ☐Complying with an inspector's direction
Option C: ☐Making equipment changes within existing facility specified in **Section 4**

7. Computerized Tomography (CT) Installation Only

This application is for installation of a:

1. ☐CT Scanner (non-dental)
   ☐CT Letter of Designation attached *
2. ☐Dental CT Scanner
   ☐Letter of Request for CT Letter of Designation attached *
   ☐valid Dental CT Scanner Application Approval (letter format) issued by RCDSO attached *

***Note**: If applicable, submission of these documents is highly recommended with your application. Any omission may cause delays.

Submission Options (Choose one of the following options to submit this form)

Option 1: E-signature

☐By checking this box and typing my name below, I certify that all information on this form is true and correct and that I am the owner or a delegate of the owner authorized to submit this form. I also agree that the checkbox and my name typed below are to be used as my electronic signature.

Title of Owner or Delegate	Last Name	First Name

Option 2: If you are signing a hard copy of this form, please scan and e-mail the signed form to the e-mail address provided at the beginning of this form.

Title of Owner or Delegate	Signature	Date (yyyy/mm/dd)

 © King's Printer for Ontario, 2022