

**Radiation Producing Device (X-Ray)  
Transaction Record Information**

As per 25TAC§289.226(m)(1)(D) report the following information whenever transactions occur involving a radiation producing device (X-ray). Complete one form for each transaction.

**Device Information:**

Manufacturer's Name \_\_\_\_\_

Model Number: \_\_\_\_\_

Serial Number\*: \_\_\_\_\_

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

Description: \_\_\_\_\_

\* From the device control panel.

**Transaction Details:**

- Type:**  Receipt  
 Transfer (this includes interdepartmental transfers from one individual to another)  
 Disposal

**Date of transaction:**

**Name of person or company:**

**Address of person or company:**


**Name of person reporting transaction:** \_\_\_\_\_

Send/fax/email this completed form to the Radiation Safety Officer @:  
Environmental Health, Safety, Risk & Emergency Management  
Fax: 512-245-8277  
Email: ehs@txstate.edu