

X-ray Registrant Verification System Revision Guide

UPDATED 3/12/2021

Important Notice

It is highly suggested that registrants gather all data to be entered before entering it into the X-ray Registrant Verification System. All mandatory fields must be entered for the data on each tab to be saved. Registrants will receive a warning after 25 minutes of inactivity. Data will be lost if the time is not extended.

Demographics Tab

Any changes to the Demographics Tab can be completed by typing over the field's incorrect information or choosing the correct drop-down field. Changes will not be complete until the Submit Demographics Changes button at the bottom of the Demographics tab is selected.

Tax ID Numbers

If changes to the Tax ID Numbers is the result of a change of ownership, MDH must be notified via email at health.xray@state.mn.us.

Addresses

For clarification regarding addresses, please refer to the help button under the Addresses tab.

The screenshot shows the 'Demographics' tab interface. On the left, a sidebar contains 'Demographics' (highlighted), 'Contacts', and 'Equipment'. The main area contains several input fields: 'Facility Type' (DENTAL), 'Externship Site?' (No), 'Federal Tax ID: *' (12-345678910), and 'MN Tax ID: *' (12345678910). Below these are 'Receptor' options: 'Digital' (checked) and 'Film' (unchecked). At the bottom, there is an 'Addresses' section with a 'help' button. A red arrow points to the 'help' button.

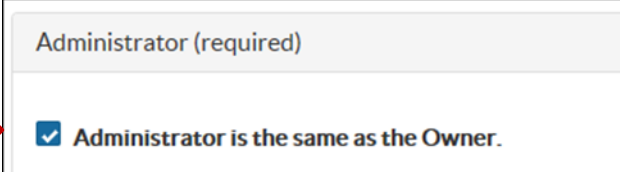
A check box is included in the Mailing Address field if the address is the same as the Business Address fields. Check this box, and the fields will be updated after changes are submitted.

The close-up shows a 'Mailing Address (required)' field. Below the field is a checked checkbox with the label 'Mailing Address is the same as the Business Address.' A red arrow points to the checkbox.

Contacts Tab

Any changes to the Contacts Tab can be completed by typing over the field's incorrect information or choosing the correct drop-down field. Changes will not be complete until the Submit Contact Changes button at the bottom of the Contacts tab is selected.

Check boxes are included in the Administrator and Radiation Safety Officer fields if the contact information is the same as the previous fields. Check these boxes, and the fields will be updated after changes are submitted.



A screenshot of a form field labeled "Administrator (required)". Below the label is a checkbox that is checked, with the text "Administrator is the same as the Owner." next to it. A red arrow points to the checkbox.

Ownership Change

If the facility is under new ownership, answer the Ownership Change field under Owner/CEO/President in the Contacts tab.



A screenshot of a form field labeled "Ownership Change?: *". Below the label is a dropdown menu with "Yes" selected. A red arrow points to the dropdown menu.

1. Notify MDH via email at health.xray@state.mn.us with the new ownership effective date, new owner name, facility name, facility address, and email address.
2. MDH will contact the new owners and invite them via email to enter their information into the X-ray Registrant Verification System.
3. If the ownership effective date has already occurred and all equipment is no longer owned/possessed by the registrant, go into the Equipment Tab, and delete the equipment. Follow the steps to delete equipment in the Disposal/Removal Notification section below.

Email Address Change

Email addresses can be changed by typing over the information already in the Email Address field. If the email address is included in our GovDelivery email blasts, be sure to delete the old email and add the new email at <https://public.govdelivery.com/accounts/MNMDH/subscriber/new>.

Equipment Tab

The Equipment tab can be saved as a draft by clicking "Save As Draft" on the bottom of the tab. The draft will be saved for 72 hours.

Disposal/Removal Notification

Equipment that has been disposed of must be removed from the Equipment tab. If this equipment has been replaced, follow the steps in the Replacement Equipment section below to notify us of the disposed of and replacement equipment.

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1. Login to X-ray Registrant Verification System.
2. Locate facility on the welcome page, click on “view” for facility with the equipment changes.
3. Go to Equipment tab.

Demographics

Contacts

Equipment **Verified**

Equipment

Printable Equipment Report

Receptor:

Digital

Film

Click on a console number below to expand and collapse the console details

[Collapse All](#) [Expand All](#)

Console # 001

Replace Console

Console Type: * Number of Tubes: *

Manufacturer: * Model: * Serial Number: * Location: *

Installation Date: * Status: *

[help](#) 02/08/2021

Human Use? * Portable? *

[+ Add Equipment](#)

[Submit Equipment Changes](#) [Cancel](#) [Save As Draft](#)

4. Locate disposed of equipment. Go to Status, click on “Deleted”.

Demographics

Contacts

Equipment **Verified**

Equipment

Printable Equipment Report

Receptor:

Digital

Film

Click on a console number below to expand and collapse the console details

[Collapse All](#) [Expand All](#)

Console # 001

Console Type: Number of Tubes:

Manufacturer: Model: Serial Number: Location:

Installation Date: Status:

[help](#) 02/19/2021

Recipient/Facility Name and Address: *

Human Use? Portable?

[+ Add Equipment](#)

[Submit Equipment Changes](#) [Cancel](#) [Save As Draft](#)

5. A warning message will appear, click the upper right-hand “X” to continue.

Demographics

Contacts

Equipment **Verified**

Equipment

Printable Equipment Report

Click on a console number below to expand and collapse the console details

Console # 001 - Veterinary Radiographic

Type: *

Manufacturer: * Model: * Serial Number: * Location: *

Installation Date: * Status: *

[help](#) 02/19/2021

Recipient/Facility Name and Address: *

Human Use? Portable?

[+ Add Equipment](#)

[Submit Equipment Changes](#) [Cancel](#) [Save As Draft](#)

Warning

Selecting this option and submitting the form will delete this from your inventory.

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- In the Recipient/Facility Name and Address field, type in the disposition of the x-ray equipment.
 - If the equipment was bought by another facility, provide the facility registration number (if known), facility name, facility owner name, and facility address. Ex: 12-03456, ABC Chiropractic, Dr. John Doe, 123 Main Street, St. Paul, 55105.
 - If the equipment was disposed of by a service provider, provide the business name, service provider name, and service provider registration number. Ex: ABC Inc, John Doe, MNSPXXXX.

Click on a console number below to expand and collapse the console details

Console # 001

Console Type: Number of Tubes:

Manufacturer: Model: Serial Number: Location:

Installation Date: Status: Recipient/Facility Name and Address: * 

[help](#) 02/19/2021

Human Use? Portable?

- To submit equipment changes, the registrant must review the text in red at the bottom of the Equipment tab. It is mandatory to check the box before clicking on Submit Equipment Changes.

Demographics

Contacts


Equipment

Click on a console number below to expand and collapse the console details

Console # 002 - Accelerator Medical

Console # 003 - Accelerator Medical

Console # 004 - Accelerator Medical

 *Please review the equipment above. It is the registrant's responsibility to ensure all data is correct and make any changes as they occur in the X-ray Registrant Verification System. Refer to Minnesota Rules, Chapter 4732 regarding the importance and impact of this verification.*

- Click on Submit Equipment Changes, on the bottom of the inventory list on the Equipment tab. The equipment will now be removed from the Equipment tab.
- The registrant will receive a message at the top of the screen verifying the changes have been completed. MDH will receive notification of the deleted equipment.

Replacement Equipment

Equipment that has been acquired by the registrant must be added to the Equipment tab prior to first use. If this equipment is replacing equipment that has been disposed of, follow the steps below.

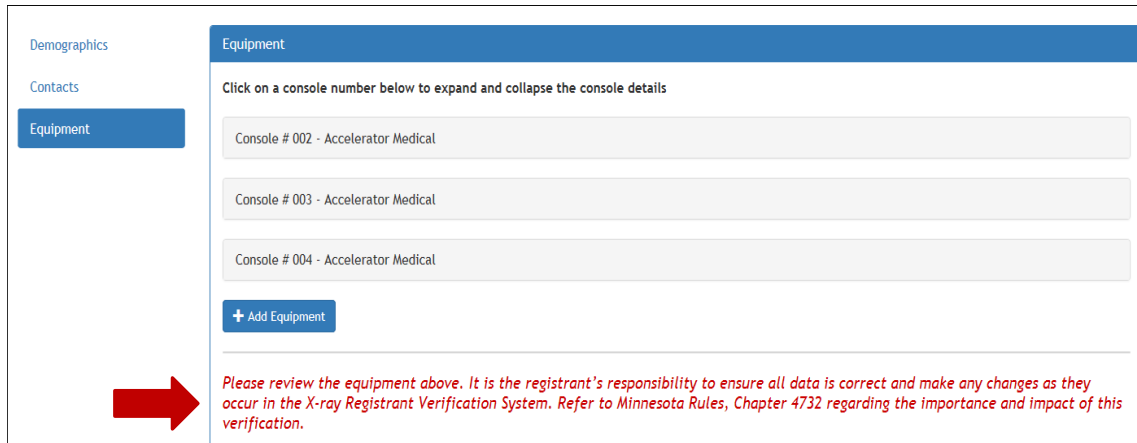
1. Login to X-ray Registrant Verification System
2. Locate facility on the welcome page, click on “view” for facility with the equipment changes.
3. Go to Equipment tab and click on the Replace Console button.

The screenshot shows the 'Equipment' tab interface. On the left sidebar, the 'Equipment' tab is highlighted with a red arrow. The main form area is titled 'Equipment' and contains a 'Receptor' section with checkboxes for 'Digital' and 'Film'. Below this is a section for 'Console #001' with a red 'Replace Console' button. The form fields include: Console Type (C-Arm), Number of Tubes (1), Manufacturer (AEG), Model (123), Serial Number (1234567), Location (Xray Rm), Installation Date (2/1/21), Status (In use), Human Use? (Yes), and Portable? (No). At the bottom of the form, there is an 'Add Equipment' button and a 'Submit Equipment Changes' button.

4. Enter the disposition of the replaced equipment and enter all mandatory fields for the new replacement equipment.

The screenshot shows the 'Equipment' tab interface with the 'Console #001' form. The 'Status' dropdown menu is set to 'Deleted' and is highlighted with a red arrow. Below the 'Console #001' form is a section for 'Console #001 (REPLACEMENT)' with a red 'Undo Replace Console' button. The replacement form fields include: Console Type (Select...), Number of Tubes (1), Manufacturer (Select...), Model (Select...), Serial Number (Select...), Location (Select...), Installation Date (Select...), Status (In use), Human Use? (Select...), and Portable? (Select...). At the bottom of the form, there is a 'Submit Equipment Changes' button.

5. To submit equipment changes, the registrant must review the text in red at the bottom of the Equipment tab. It is mandatory to check the box before clicking on Submit Equipment Changes.

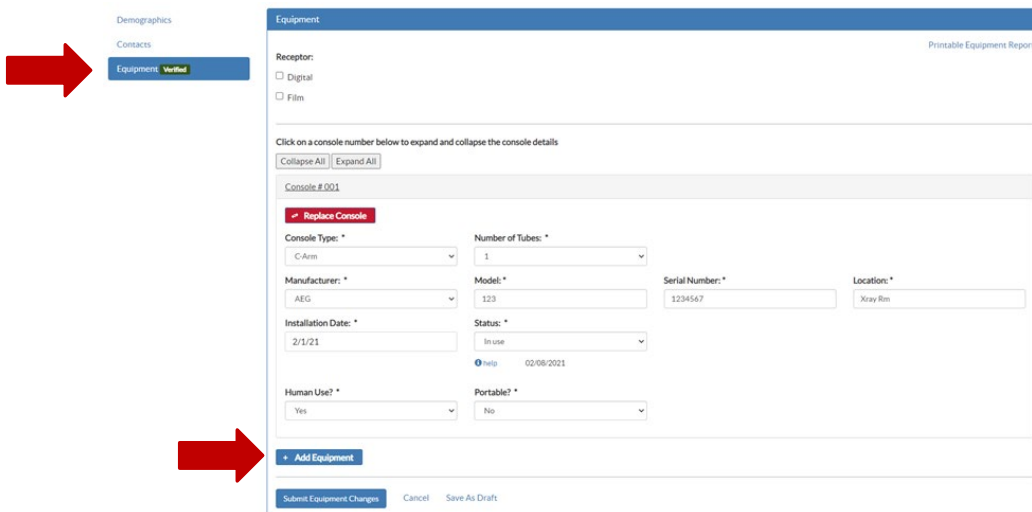


6. Click on Submit Equipment Changes, on the bottom of the inventory list on the Equipment tab.
7. The registrant will receive a message at the top of the screen verifying the changes have been completed.
8. Currently, there is no fee for replacements. An invoice will not generate when replacements are entered correctly.

Adding Equipment

Equipment that has been acquired by the registrant must be added to the Equipment tab prior to first use and submit applicable fees.

1. Login to X-ray Registrant Verification System
2. Locate facility on the welcome page, click on “view” for facility with the equipment changes.
3. Go to Equipment tab and click on the Add Equipment button.



4. Enter the mandatory fields for the new console and the number of tubes.

The screenshot shows the 'Equipment' registration form. A red arrow points to the 'Number of Tubes' field, which is set to '1'. Other fields include Console Type, Manufacturer, Model, Serial Number, Location, Installation Date, Status, Human Used?, and Portable?. The form also includes a 'Delete Newly Added Console' button and an 'Add Equipment' button at the bottom.

5. To submit equipment changes, the registrant must review the text in red at the bottom of the Equipment tab. It is mandatory to check the box before clicking on Submit Equipment Changes.

The screenshot shows the 'Equipment' tab with a list of consoles. A red arrow points to a red warning message at the bottom of the page: "Please review the equipment above. It is the registrant's responsibility to ensure all data is correct and make any changes as they occur in the X-ray Registrant Verification System. Refer to Minnesota Rules, Chapter 4732 regarding the Importance and Impact of this verification."

6. Click on Submit Equipment Changes, on the bottom of the inventory list on the Equipment tab.

7. The registrant will receive a message at the top of the screen verifying the changes have been completed.

8. An invoice will generate in the record for the new equipment. The invoice can be paid electronically or printed and mailed with a check payment. The mailing address is on the invoice.

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03/12/21

To obtain this information in a different format, call: 651-201-4545.