

## NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Arizona Administrative Register* after the final rules have been submitted for filing and publication.

### NOTICE OF FINAL RULEMAKING

#### TITLE 6. ECONOMIC SECURITY

#### CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY DEVELOPMENTAL DISABILITIES

#### PREAMBLE

1. **Sections Affected**

Article 19	<b><u>Rulemaking Action</u></b>
R6-6-1901	New Article
R6-6-1902	New Section
R6-6-1903	New Section
R6-6-1904	New Section
R6-6-1905	New Section
R6-6-1906	New Section
R6-6-1907	New Section
R6-6-1908	New Section
R6-6-1909	New Section
R6-6-1910	New Section
R6-6-1911	New Section
R6-6-1912	New Section
  
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 41-1954(A)(1)(i), (A)(1)(j), (A)(13); 46-134(12); 36-552; 36-554; 36-557; 41-2501(P); Laws 1995, Ch. 84, § 4

Implementing statutes: A.R.S. §§ 41-1954(A)(1)(i), (A)(1)(j), (A)(13); 46-134(12); 36-552; 36-554; 36-557; 41-2501(P); Laws 1995, Ch. 84, § 4
  
3. **The effective date of the rules:**

April 17, 1996
  
4. **A list of all previous notices appearing in the Register addressing the final rule:**

**Notice of Rulemaking Docket Opening:**  
1 A.A.R 757, June 16, 1995

**Notice of Emergency Rulemaking:**  
1 A.A.R. 1760, October 6, 1995

**Notice of Proposed Rulemaking:**  
1 A.A.R. 2254, November 3, 1995
  
5. **The name and address of agency personnel with whom persons may communicate regarding the rule:**

Name: Vista Thompson Brown

Address: Department of Economic Security  
1789 West Jefferson, Site Code 837A  
Phoenix, Arizona 85007

or

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**6. An explanation of the rule, including the agency's reason for initiating the rule:**

The new Article 19, Contracts, is being proposed to implement the provision of Laws 1994, Ch. 84, § 4 which requires the Department to develop rules that describe the contract process the Department follows in circumstances where it is exempt from A.R.S. Title 41, Chapter 23 ("The Arizona Procurement Code").

The rules define the circumstances when the Division will use the exemption. In addition, the rules include the specific contracting process in each identified circumstance. These rules will provide clear direction to both the Division and to providers regarding when and how the exemption is applied.

**7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The summary of the economic, small business, and consumer impact:**

The rules will have a positive but intangible economic impact on small business and consumers by codifying the process the Department follows under this exemption. These rules describe the process that the Division has used for contracting under the exemption for the past 6 years.

**9. A description of the changes between the proposed rules, including supplemental notices, and final rules:**

Based on public comment and an informal review by the Governor's Regulatory Review Council staff, the following changes have been made to the proposed rules for 6 A.A.C. 6, Article 19, Contracts:

**R6-6-1901**

To provide a clear understanding of terms, added the following definitions and renumbered other subsections to conform:

1. "Competitive solicitation" means an invitation from the Division to 2 or more parties for the submission of proposals for the provision of goods and services.
3. "Offeror" means a person who or an entity that submits a proposal to the Division in response to a request for goods or services.
5. "Proposal" means all documents, whether attached or incorporated by reference, that an offeror submits to the Division to make an offer to provide goods or services.

In response to the public comments by AHCCCS, added the following definition:

6. "Qualified offeror" means an offeror who meets the specific requirements set forth in a request for proposals.

To provide greater ease of understanding, changed the definitions of Contract (#2), procurement (#4), and request for proposals (#7) from citations to the statutory reference in the procurement code to the actual wording in the procurement code.

- ~~1-2.~~ "Contract" has the same meaning ascribed to it in A.R.S. § 41-2503(4) means all types of state agreements, regardless of what they may be called, for the procurement of goods or services.
- ~~2-4.~~ "Procurement" has the same meaning ascribed to it in A.R.S. § 41-2503(16) means buying, purchasing, renting or leasing, or otherwise acquiring any goods or services. Procurement also includes all functions that pertain to the obtaining of any good or service including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
- ~~3-7.~~ "Request for proposals" has the same meaning ascribed to it in A.R.S. § 41-2531(13) means all documents, whether attached or incorporated by reference, which are used for soliciting proposals for goods or services.

**R6-6-1902**

For clarification the following changes were made.

- (A) Deleted the word "as" and replaced with "in the manner".
- (B) The Division shall procure goods and services ~~for contracts prescribed by~~ described in Laws 1995, Ch. 84, § 3 by following the procedures in this Article, which meet when any 1 of the following conditions occur as prescribed in this Article:
- (B)(1) The Division has issued a competitive solicitation, ~~pursuant to as prescribed in~~ A.R.S. § 41-2533 and 41-2534, and the solicitation has not resulted in the number of offerors needed to meet the service needs of the clients.

For consistency and clarity in this rule, "competitive solicitation" was changed to "solicitation" and specific references were made describing the process as follows:

- (B)(3) The Division ~~is competitively soliciting~~ solicits proposals for acute care services from health plans, pursuant to R6-6-1905.
- (B)(4)(a) No health plan has responded to ~~competitive~~ the Division's solicitation of proposals under R6-6-1905.
- (B)(4)(b) The offeror has withdrawn from the ~~competitive~~ solicitation process described in this Article.
- (B)(4)(c) The offeror cannot reach an agreement with the ~~division~~ Division during the ~~competitive~~ solicitation process

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described in this Article, or

Because a service area may not always be represented by a county, changed "county" to "geographic area". Also changed "requires" to "needs" to simplify the text.

(B)(4) The Division ~~requires~~ needs acute care providers for a ~~county~~ geographic area in which:

**R6-6-1903**

In response to public comment by AHCCCS, the heading was changed from "Competitive Solicitation" to "Solicitation for Offerors".

To clarify the process of recruitment the following changes were made:

(A)(1) Recruit a potential offeror by advertisement, ~~verbal discussions~~ or other reasonable means of communicating to meet the service need.

To ensure understanding of how to determine the criteria for complying with Division and AHCCCS requirements, the following changes were made:

(A)(2) Verify that ~~the an~~ offeror complies with all applicable Division and AHCCCS qualification, licensing, and certification requirements for the service as described in the original request for proposals.

To ensure clarity and provide consistency with the definitions, "the identified" was changed to "a qualified".

(A)(3) Establish a contract with ~~the identified~~ a qualified offeror.

Changed "shall" to "will" because the action was not a duty but an event which would occur.

(A)(5) Advise each provider that failure to respond to the next competitive solicitation will ~~shall~~ result in expiration of the existing contract.

**R6-6-1904**

Based upon public comment from AHCCCS, the following change was made:

When the Division identifies an immediate or emergency need for service and ~~the Division cannot locate a current providers cannot meet to perform the service need,~~ the Division shall follow the steps listed in R6-6-1903 to procure ~~a contract for this~~ the service.

**R6-6-1905**

To clarify and provide consistency, the following change was made:

(A) The Division shall ~~competitively~~ solicit proposals from providers of acute care services.

To clarify that the Division is responsible for including required information within a request for proposals, made the following change:

(A) The Division shall ~~The request for proposals shall include at a minimum,~~ least the following ~~terms~~ information in the request for proposals:

For clarification, changed the following:

(A)(3) The period during which the offer contained in the proposal ~~the proposal shall~~ will remain open.

(A)(8) A provision for a procedure allowing the Division to request voluntary price reduction of offers from only those offerors ~~who have been~~ the Division has tentatively selected for award, before the final award or rejection of proposals ~~offers.~~

(B) The Division shall conduct discussion, ~~as provided in the request for proposal,~~ with responsible qualified offerors to provide clarity information about, and assure full understanding of, and responsiveness to, the request for proposals.

Based on public comment by AHCCCS, made the following changes to clarify the sentence:

(A)(7) A provision that each qualified submitted proposal ~~offer be entered with separate categories describe each category for the distinct groups of members or type of services~~ service the offeror will cover in to be covered by the proposed contracts, as set forth in the request for proposals.

The second sentence in subsection (F) was confusing; it was deleted and replaced as follows:

(F) ~~The request for a best and final offer shall inform the offerors that if they do not submit a notice of withdrawal or a best and final offer, the Division shall construe their immediately previous offer as their best and final offer. If the offeror does not submit a notice of withdrawal or a best and final offer in response to the Division's request, the Division shall use the offeror's most recent offer as the best and final offer.~~

**R6-6-1906**

The original heading was incorrect in using the term "contracts", changed the heading was changed to accurately identify the Sec-

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tion as "evaluation of proposals" as follows:

Acute Care - Evaluation of ~~Contracts~~ Proposals: Cancellation

For clarity, made the following changes:

(D) The Division ~~division~~ shall document the reasons for the cancellation or rejection ~~the action~~ in the procurement file.

**R6-6-1907**

To provide consistency with the definitions, the following changes were made:

(A)(1) To the ~~responsible~~ qualified offeror who submits...

(C) The Division shall not award a contract to any ~~program-contractor~~ offeror ~~that~~ who will cause...

To ensure that the duty for notification is clear, added subsection (E) as follows:

(E) The Division shall notify each unsuccessful offeror of the award of the contract.

**R6-6-1908**

For clarity, added covered by this Article.

(A) The Assistant Director shall resolve any protest filed concerning a contract proposal or award covered by this Article.

In response to public comments received from AHCCCS, removed the term "actual" as follows:

(B) An ~~actual~~ offeror may protest a contract proposal or award by filing a written protest with the Assistant Director.

For clarity, made the following changes:

(D) The protester shall file the protest within 1 of the following timeframes.

(D)(1) ~~File the protest Prior~~ prior....

(D)(2) ~~Filing the protest Within~~ within 10 14....

To ensure that the responsible party is identified, the following changes were made:

(G) The 2nd sentence was changed to read, The ~~decision~~ Assistant Director shall explain the reasons for the conclusions reached in the decision.

**R6-6-1909**

To increase readability, the sentence was deleted and restructured as the following:

~~When the Division does not obtain a response, an offeror withdraws from a competitive solicitation, or the Division cannot reach an agreement to contract with a health plan during competitive solicitation, the Division shall recruit individual providers for acute care services by following R6-6-1903(1)(2) and (3)~~ The Division shall recruit individual providers for acute care services by following R6-6-1903(1), (2), and (3) when:

1. The Division has 1st tried to obtain offers by issuing a solicitation of service as prescribed in R6-6-1905; and
2. The Division finds:
  - a. A response is not obtained.
  - b. An offeror withdraws from the solicitation process, or
  - c. An agreement does not result between a health plan and the Division.

**R6-6-1912**

New Section was added based on request from the Governor's Regulatory Review Council that the current emergency rules be expressly repealed upon filing of these rules.

R6-6-1912. Repeal of Emergency Rules: Automatic Repeal of Section

- A. R6-6-1901 through R6-6-1911, which were certified as emergency rules by the Attorney General's Office on March 12, 1996, are repealed on the effective date of the rules in this Article.
- B. This Section, R6-6-1912, is automatically repealed on May 1, 1996.

General Changes

In addition to the changes listed above, technical changes were made throughout the rules to improve punctuation, grammar, and consistency; the term "county" was replaced with "geographic area"; the term "Department" was replaced by the term "state".

10. A summary of the principal comments and the agency response to them:  
AHCCCS provided written comments concerning the following issues:

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1. Comment: The heading "Competitive Solicitation" does not match the text which follows.  
Response: The Division agreed and changed the heading of R6-6-1903 to "Solicitation of Offerors".
2. Comment: Clarify the term "cannot locate a current provider".  
Response: The Division agreed and revised R6-6-1904 to read "...current providers cannot meet the service need...".
3. Comment: Define "qualified offeror".  
Response: The Division agreed and added the term in definitions.
4. Comment: Is there a difference between an "offeror" and an "actual offeror"? Response: The Division agreed that this was unclear, struck the term "actual", and defined the term "offeror".

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**  
Not applicable

**12. Incorporations by reference and their location in the rules:**  
Not applicable

**13. Adoption as an emergency rule and text changes between adoption as an emergency and the adoption of these final rules:**  
Article 19, Contracts, was adopted as an emergency rule and approved by the Office of the Attorney General on October 13, 1995. The changes between the emergency rules and the adopted rules are those changes listed in question #9.

**14. The full text of the rules follows:**

**TITLE 6. ECONOMIC SECURITY**

**CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY**

**DEVELOPMENTAL DISABILITIES**

**ARTICLE 19. CONTRACTS**

- R6-6-1901. Definitions
- R6-6-1902. Contracting Process
- R6-6-1903. Solicitation for Offerors
- R6-6-1904. Immediate or Emergency Need for Services
- R6-6-1905. Acute Care - Solicitation of Service from Health Plans
- R6-6-1906. Acute Care - Evaluation of Proposals; Cancellation
- R6-6-1907. Acute Care - Award of Contracts
- R6-6-1908. Acute Care - Protests
- R6-6-1909. Acute Care Providers in a Geographic Area With No Health Plan
- R6-6-1910. Statute, Regulation, Rule, or Program Change
- R6-6-1911. Procurement Records
- R6-6-1912. Repeal of Emergency Rules; Automatic Repeal of Section

**ARTICLE 19. CONTRACTS**

**R6-6-1901. Definitions**

The following definitions apply in this Article:

1. "Competitive solicitation" means an invitation from the Division to 2 or more parties for the submission of proposals for the provision of goods or services.
2. "Contract" means all types of state agreements, regardless of what they may be called, for the procurement of goods or services.
3. "Offeror" means a person who or an entity which submits a proposal to the Division in response to a request for goods or services.
4. "Procurement" means buying, purchasing, renting, or leasing or otherwise acquiring any goods or services. Procurement also includes all functions that pertain to the obtaining of any good or service including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
5. "Proposal" means all documents, whether attached or

incorporated by reference, that an offeror submits to the Division to make an offer to provide goods or services.

6. "Qualified offeror" means an offeror who meets the specific requirements set forth in a request for proposals.
7. "Request for proposals" means all documents, whether attached or incorporated by reference, which are used for soliciting proposals for goods or services.

**R6-6-1902. Contracting Process**

- A. The Division shall procure goods and services in the manner prescribed in A.R.S. Title 41, Chapter 23 ("The Arizona Procurement Code"), except for goods and services described in Laws 1995, Ch. 84, § 3.
- B. The Division shall procure goods and services described in Laws 1995, Ch. 84, § 3 by following the procedures in this Article when any of the following conditions occur:
  1. The Division has issued a competitive solicitation, pursuant to A.R.S. § 41-2534, and the solicitation has not resulted in the number of offerors needed to meet the service needs of the clients;
  2. The Division has identified an immediate or emergency service need and current providers cannot meet the need;
  3. The Division solicits proposals for acute care services from health plans, pursuant to R6-6-1905;
  4. The Division needs acute care providers for a geographic area in which:
    - a. No health plan has responded to the Division's solicitation of proposals under R6-6-1905;
    - b. The offeror has withdrawn from the solicitation process described in this Article; or
    - c. The offeror cannot reach an agreement with the Division during the solicitation process described in this Article; or
  5. A federal or state statute, regulation, rule, or programmatic change requires the Division to make changes in mandated ALTCS services, in ALTCS service delivery, or in the administration of the DD/ALTCS program.

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**R6-6-1903. Solicitation for Offerors**

When a competitive solicitation does not result in the number of offerors required to meet the service needs of the clients, the Division shall:

1. Recruit a potential offeror by advertisement or other reasonable means of communicating the service need;
2. Verify that an offeror complies with all applicable Division and AHCCCS qualification, licensing, and certification requirements for the service as described in the original request for proposals;
3. Establish a contract with a qualified offeror;
4. Request that each provider contracting under this rule submit proposals in response to the next competitive solicitation the Division issues under A.R.S. Title 41, Chapter 23 for these services;
5. Advise each provider that failure to respond to the next competitive solicitation will result in expiration of the existing contract; and
6. Send each provider holding a contract under this Section a notice of the next competitive solicitation for the service.

**R6-6-1904. Immediate or Emergency Need for Services**

When the Division identifies an immediate or emergency need for service and current providers cannot meet the service need, the Division shall follow the steps listed in R6-6-1903 to procure the service.

**R6-6-1905. Acute Care - Solicitation of Service From Health Plans**

A. The Division shall solicit proposals from providers of acute care services. The Division shall include at least the following information in the request for proposals;

1. The time and date set for the proposal opening;
2. The address of the office at which proposals are to be received;
3. The period during which the offer contained in the proposal will remain open;
4. The service description, covered populations, geographic coverage, specifications, and a delivery or performance schedule;
5. The contract terms and conditions, including bonding or other security requirements, if applicable;
6. A provision for the award of contracts by category of member or service in order to secure the most financially advantageous offers for the state;
7. A provision that each submitted proposal describe each category of member, type of service, and geographic area the offeror will cover in the proposed contract;
8. A provision for a procedure allowing the Division to request voluntary price reduction of offers from only those offerors the Division has tentatively selected for award, before the final award or rejection of proposals;
9. The factors to be used in the evaluation;
10. The location and method for obtaining documents that are incorporated by reference in the Division's request for proposals;
11. The requirement that the offeror acknowledge receipt of all amendments issued by the Division;
12. The type of services required and a description of the work involved;
13. The type of contract to be used and a copy of a proposed contract form or provisions;
14. The estimated length of time during which services will be required;
15. A requirement for cost or pricing data;
16. The minimum information that an offeror shall submit

with a proposal; and

17. A provision requiring that an offeror to certify that the submission of the proposal does not involve collusion or other anti-competitive practice.

- B. The Division shall conduct discussions with qualified offerors to provide information about, and assure full understanding of, and responsiveness to, the request for proposals.
- C. The Division shall accord offerors fair treatment with respect to any opportunity for discussion and revision of proposals, and may permit such revisions after submissions and before award of the contract for the purpose of obtaining best and final offers.
- D. Prior to the award of the contract, the Division shall not disclose information derived from proposals submitted by competing offerors.
- E. The Division may request voluntary price reduction of offers contained in the submitted proposals before the final award or rejection of proposals.
- F. The Division may issue 1 or more written requests for a best and final offer to responsive offerors, which shall set forth the date, time, and place for the submission of this offer. If the offeror does not submit a notice of withdrawal or a best and final offer in response to the Division's request, the Division shall use the offeror's most recent offer as the best and final offer.

**R6-6-1906. Acute Care - Evaluation of Proposals; Cancellation**

- A. The Division shall base proposal evaluations on the evaluation factors set forth in the request for proposals.
- B. The Division shall send a written notice of rejection to offerors whose proposals are rejected and maintain a copy of the notice in the procurement file.
- C. The Assistant Director may cancel a request for proposals or may reject any and all proposals in whole or in part if the Assistant Director determines that the cancellation or rejection is in the state's best interest based on the following factors:
  1. The availability of funding.
  2. The inability to come to agreement with offerors.
  3. A change in the need for services.
  4. The potential for loss of federal funds.
  5. A change in federal or state requirements which affect the service specified in the proposal, and
  6. Collusion or anti-competitive practices on the part of an offeror.
- D. The Division shall document the reasons for the cancellation or rejection in the procurement file.

**R6-6-1907. Acute Care - Award of Contracts**

- A. The Division shall award a contract:
  1. To the qualified offeror who submits the most advantageous proposal to the state based on the evaluation factors set forth in the request for proposals; and
  2. By the category of member, type of service, and geographic area.
- B. The Division may award contracts to more than 1 offeror for each geographic area in the state for the purpose of limiting the number of high-risk clients who may be included in each contract.
- C. The Division shall not award a contract to any offeror who will cause the state to lose any federal monies to which the state is otherwise entitled.
- D. The Division shall document the reasons for the award in the procurement file.
- E. The Division shall notify each unsuccessful offeror of the award of the contract.

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**R6-6-1908. Acute Care - Protests**

- A. The Assistant Director shall resolve any protest filed concerning a contract proposal or award covered by this Article.
- B. An offeror may protest a contract proposal or award by filing a written protest with the Assistant Director.
- C. A protest shall include the following information:
  - 1. Name, address, and telephone number of the protester;
  - 2. Signature of the protester or its representative;
  - 3. Identification of the request for proposals or contract number;
  - 4. A statement of the legal and factual grounds of the protest including copies of any relevant documents; and
  - 5. The relief requested.
- D. The protester shall file the protest within 1 of the following timeframes:
  - 1. Prior to the closing date for receipt of initial proposals if the protest relates to a request for proposals; or
  - 2. Within 14 working days after a contract award has been made public as described in R6-6-1907(E), if the protest relates to the award of a contract.
- E. A protest is deemed filed when the written document is received by the Division.
- F. If a protest is filed before the award of a contract, the Division may award a contract unless the Assistant Director makes a written determination that there is reasonable probability that the protest will be sustained and that the stay of award of the contract is consistent with the best interests of the state.
- G. Within 14 work days of the filing date of a protest, the Assistant Director shall send a written decision to the protester by certified mail, return receipt requested, or by any other method that provides evidence of receipt. The Assistant Director shall explain the reasons for the conclusions reached in the decision.
- H. If the Assistant Director sustains the protest in whole or part, and determines that the request for proposals, proposed contract award, or contract award does not comply with applicable statutes and rules, the Assistant Director shall implement an appropriate remedy as prescribed in subsection (J).
- I. In determining an appropriate remedy, the Assistant Director shall consider the following:
  - 1. Circumstances surrounding the procurement or proposed procurement.
  - 2. The seriousness of the procurement deficiency.
  - 3. The degree of prejudice to other interested parties.
  - 4. The degree of prejudice to the integrity of the procurement system.
  - 5. The good faith of the parties.
  - 6. The extent of performance.

- 7. The costs to the state.
- 8. The urgency of the procurement, and
- 9. The impact of the relief on the Department's mission.
- J. The following actions, alone or in combination, shall serve as an appropriate remedy:
  - 1. Decline to exercise an option to renew under the contract.
  - 2. Terminate the contract.
  - 3. Reissue the request for proposals.
  - 4. Issue a new request for proposals, or
  - 5. Award a contract as provided in these procurement rules.

**R6-6-1909. Acute Care Providers in Geographic Area With No Health Plan**

The Division shall recruit individual providers for acute care services by following R6-6-1903(1), (2), and (3) when:

- 1. The Division has 1st tried to obtain offers by issuing a solicitation of service as prescribed in R6-6-1905; and
- 2. The Division finds:
  - a. A response is not obtained.
  - b. An offeror withdraws from the solicitation process, or
  - c. An agreement does not result between a health plan and the Division.

**R6-6-1910. Statute, Regulation, Rule, or Program Change**

When a new federal or state statute, regulation, rule, or programmatic change involving the DD/ALTCS program or administration requires the Division to comply by modifying current programs, the Division shall follow the steps in R6-6-1903(1), (2), and (3).

**R6-6-1911. Procurement Records**

The Division shall maintain the following records relating to the procurement of contracts in the procurement file, if applicable:

- 1. A copy of the request for proposals;
- 2. The proposals received;
- 3. The best and final offers;
- 4. Written correspondence;
- 5. The basis for award;
- 6. The documentation required by R6-6-1906(D) and R6-6-1907(D).

**R6-6-1912. Repeal of Emergency Rules; Automatic Repeal of Section**

- A. R6-6-1901 through R6-6-1911, which were certified as emergency rules by the Attorney General's office on March 12, 1996, are repealed on the effective date of the rules in this Article.
- B. R6-6-1912, is automatically repealed on May 1, 1996.

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**TITLE 12. NATURAL RESOURCES**

**CHAPTER 1. RADIATION REGULATORY AGENCY**

**PREAMBLE**

**1. Sections Affected:**

Appendix A  
ARRA-4  
Appendix A  
ARRA-4  
ARRA-4X  
ARRA-4XT  
ARRA-4PAT  
ARRA-4IG

**Rulemaking Action**

Repeal  
Repeal  
New Appendix  
New Exhibit  
New Exhibit  
New Exhibit  
New Exhibit  
New Exhibit

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ARRA-4IR	New Exhibit
ARRA-4PAR	New Exhibit
ARRA-4PA	New Exhibit
ARRA-13	New Exhibit
ARRA-1004	New Exhibit
ARRA-1005	New Exhibit
ARRA-1030	New Exhibit
ARRA-1050	New Exhibit
ARRA-1070	New Exhibit
ARRA-1090	New Exhibit

**2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statute: A.R.S. § 30-654(B)

Implementing statutes: A.R.S. §§ 30-671 and 30-672

**3. The effective date of the rules if different from the date the rules are filed with the Secretary of State:**

April 17, 1996

**4. List of all previous notices appearing in the Register addressing the final rule:**

**Notice of Rulemaking Docket Opening:**

1 A.A.R. 1066, July 14, 1995

**Notice of Proposed Rulemaking:**

1 A.A.R. 2529, December 1, 1995

**5. Name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

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Address: Radiation Regulatory Agency  
4814 South 40th Street  
Phoenix, Arizona 85040

Telephone: (602) 255-4845, ext. 233

Fax: (602) 437-0705

**6. An explanation of the rules, including the agency's reasons for initiating the rules:**

The registration and licensing forms needed for registration of x-ray producing machines and licensing of nonionizing producing machines, as required in Article 2, are added in response to the administration requirements contained in A.R.S. § 41-1005(A)(8). The agency believes it is far simpler to provide the forms with the associated rules rather than describing the required information.

**7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable.

**8. The summary of the economic, small business, and consumer impact:**

The information gathered by using the forms is necessary to determine the radiation safety aspects of the user's program. Because it concerns the applicant's procedures, instrumentation, and facilities, it should be readily available and easily understood by individuals familiar with the use of radiation sources and associated requirements. Therefore, minimal economic, small business, and consumer impact should result from use of the new forms.

**9. A description of the changes between the proposed rules including supplemental notices, and the final rules:**

As previously noted, the forms are needed to comply with the requirements in Article 2, but no changes to any rules have occurred. Therefore, a description of changes to rules is not provided. It should be noted, however, that changes were made to the forms that clarify the requested information, remove requested information duplication, and correct spelling and grammatical errors. One of the attachment forms was removed because the information requested is addressed in A.R.S. § 30-672.01 and a form is added because it was inadvertently omitted from the previous notice.

**10. A summary of the principal comments and the agency response to them:**

No comments were received concerning the addition of the form attachments to Appendix A in Article 2.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable.

**12. Incorporations by reference and their location in the rules:**

Not applicable.

**13. Was the rule previously adopted as an emergency rule?**

No.

**14. The full text of the rules follows:**

TITLE 12. NATURAL RESOURCES

CHAPTER 1. RADIATION REGULATORY AGENCY

ARTICLE 2. REGISTRATION AND CERTIFICATION OF IONIZING RADIATION MACHINE FACILITIES, REGISTRATION OF SERVICES, AND LICENSING OF NONIONIZING RADIATION MACHINE FACILITIES

<u>Appendix A</u>	<u>Application for Registration of Radiation Machine (Ionizing)</u>	<u>ARRA-4IG</u>	<u>Attachment to ARRA-4 for Industrial Gauge or Analytical X-ray Source or Radiation</u>
<u>ARRA-4</u>	<u>Application For Registration of Radiation Machine (Ionizing)</u>	<u>ARRA-4IR</u>	<u>Attachment to ARRA-4 for an Industrial Radiography X-ray Source of Radiation (Less than 999kVp)</u>
<u>Appendix A</u>	<u>Registration and Licensing Forms (Excluding Radioactive Material) (Title)</u>	<u>ARRA-4PAR</u>	<u>Attachment to ARRA-4 for an Industrial Radiography X-ray Source of Radiation (Greater than 1 MVp)</u>
<u>ARRA-4</u>	<u>Application for Registration or Licensing of Sources of Radiation (Excluding Radioactive Material)</u>	<u>ARRA-4S</u>	<u>Attachment to ARRA-4 for Installers/Serviceers of Sources of Radiation</u>
<u>ARRA-4X</u>	<u>Attachment to ARRA-4 for Medical/Dental or Veterinarian Diagnostic X-ray Source or Radiation</u>	<u>ARRA-13</u>	<u>Application for Mammography Facility Certification</u>
<u>ARRA-4XT</u>	<u>Attachment to ARRA-4 for Medical Therapy X-ray Source of Radiation (Less than 999kVp)</u>	<u>ARRA-1004</u>	<u>Nonionizing Radiation Licensing Application</u>
<u>ARRA-4PAT</u>	<u>Attachment to ARRA-4 for Medical Therapy Particle Accelerator Source of Radiation (Less than 99kVp)</u>	<u>ARRA-1005</u>	<u>Training Data Form</u>
		<u>ARRA-1030</u>	<u>RF Data Form</u>
		<u>ARRA-1050</u>	<u>Nonionizing Radiation User Application</u>
		<u>ARRA-1070</u>	<u>Laser Data Form</u>
		<u>ARRA-1090</u>	<u>Imaging Data Form</u>

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**APPENDIX A. APPLICATION FOR REGISTRATION OF RADIATION MACHINE (IONIZING)**

ARRA-4  
Revised March 1989

ARIZONA RADIATION REGULATORY AGENCY  
APPLICATION FOR REGISTRATION OF RADIATION MACHINE (IONIZING)  
(See Instructions on Reverse Side)

FOR OFFICE USE ONLY

REGISTRATION NO. \_\_\_\_\_

DATE REGISTERED \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

THIS APPLICATION FOR  
 New Registration

Renewal Registration

Change of Address or other information

FACILITY INFORMATION

1. NAME OF OWNER OR POSSESSOR: (Individual, Hospital, Corporation, Etc.) \_\_\_\_\_

2. AREA CODE - TELEPHONE NUMBER \_\_\_\_\_

3. MAILING ADDRESS: NO. AND STREET \_\_\_\_\_ CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

4. ADDRESS AT WHICH MACHINE WILL BE USED, IF DIFFERENT FROM ABOVE  
 Same as item 3

5. DEPT. OR ROOM AT WHICH MACHINE WILL BE USED \_\_\_\_\_

6. TYPE OF FACILITY

01 <input type="checkbox"/> Hospital	02 <input type="checkbox"/> Medical Clinic	03 <input type="checkbox"/> Private Medical Practice	04 <input type="checkbox"/> Educational Institution
05 <input type="checkbox"/> Industrial	06 <input type="checkbox"/> Ind. Radiography	07 <input type="checkbox"/> Private Dental Practice	08 <input type="checkbox"/> Other (Specify): _____

USER INFORMATION

7. INDIVIDUAL IN CHARGE OF MACHINE  
 Same as item 1

8. INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION  
 Same as item 7

9. CLASSIFICATION OF INDIVIDUAL IN CHARGE OF MACHINE

01 <input type="checkbox"/> Dentist	02 <input type="checkbox"/> General Practitioner	03 <input type="checkbox"/> Health Physicist	04 <input type="checkbox"/> Registered X-Ray Technologist
05 <input type="checkbox"/> Radiologist	06 <input type="checkbox"/> Industrial Radiographer	07 <input type="checkbox"/> Veterinarian	08 <input type="checkbox"/> Non-Registered X-Ray Techn.
09 <input type="checkbox"/> Osteopath	10 <input type="checkbox"/> Podiatrist	11 <input type="checkbox"/> Chiropractor	12 <input type="checkbox"/> Other

MACHINE INFORMATION

10. MACHINE DESCRIPTION

A. Medical X-Ray:

01 <input type="checkbox"/> Fluoroscopic w/image intensifier	07 <input type="checkbox"/> Deep Therapy	C. Accelerator
02 <input type="checkbox"/> Fluoroscopic w/o image intensifier	08 <input type="checkbox"/> Superficial Therapy	13 <input type="checkbox"/> Neutron Generator
03 <input type="checkbox"/> Combination* w/image intensifier	09 <input type="checkbox"/> Special Procedures	14 <input type="checkbox"/> Van de Graaf
04 <input type="checkbox"/> Combination w/o image intensifier	B. Dental X-Ray:	D. Other X-Ray:
05 <input type="checkbox"/> Radiographic	10 <input type="checkbox"/> Conventional	15 <input type="checkbox"/> Industrial Radiography
06 <input type="checkbox"/> Photofluorographic	11 <input type="checkbox"/> Panoramic	16 <input type="checkbox"/> Diffraction Apparatus
*Radiographic and Fluoroscopic Combination	12 <input type="checkbox"/> Cephalometric	17 <input type="checkbox"/> Other (Specify): _____

11. MACHINE IS:

1 <input type="checkbox"/> Fixed
2 <input type="checkbox"/> Mobile

12.	A. MANUFACTURER	B. MODEL NO.	C. SER. NO.	D. MAX. KVP	E. MAX. MA
CONTROL PANEL (Use one form for each panel)					
TUBE HEADS (As Applicable)	1				
	2				
	3				
FLUOROSCOPE TUBE HEAD	1				
	2				
	3				

13. Do you possess radioactive material in license-exempt quantities or in generally licensed devices or quantities?  
 Yes  No

14. Do you possess:  
Licensed radioactive material YES \_\_\_\_\_ NO \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

15. This is to certify that to the best of my knowledge and belief all information contained herein, including any supplements attached hereto is true and correct.

DATE \_\_\_\_\_ APPLICANT NAMED IN ITEM 1 \_\_\_\_\_ BY \_\_\_\_\_ TITLE \_\_\_\_\_

16. Please send me \_\_\_\_\_ additional forms.  
NOTE: All supplements must be signed and dated.

Insert completed original to:  
Arizona Radiation Regulatory Agency  
4114 South 40th Street  
Phoenix, Arizona 85040

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INSTRUCTIONS FOR COMPLETING REGISTRATION APPLICATION FORM ARRA-4

Indicate whether the application is for new registration, a renewal of previous registration, or for change of address, ownership, or other information.

1. Item 1 refers to the legal title and/or administrative control of the radiation machine.
2. Item 2 is self-explanatory.
3. When giving mailing address, be sure to include zip code.
4. List address(es) at which machine may be used other than the address listed in Item 3. If statewide, countywide, citywide or offshore, please designate. If the same as Item 3, please check the box provided.
5. Please give the department or room number where the radiation machine will be primarily used or stored, if applicable.
6. Please classify the facility according to its primary usage.
7. Item 7 refers to that person specifically designated to be in charge of the radiation machine that is being registered. If the same as Item 1, please check box provided.
8. List the individual to whom is delegated responsibility for radiation control for the facility. If the same as Item 7, please check the box.
9. Item 9 is the classification of the individual who is listed in Item 7. Please check the appropriate box.
10. By checking the appropriate box, please indicate the type of radiation machine that is to be registered. If the radiation machine does not fit one of the categories listed, please specify the type opposite box 17.
11. Indicate by check whether the machine is fixed or mobile.
12. For Item 12, register only one console or control panel and up to three X-ray tubeheads on a single ARRA-4 form. Please identify the radiation machine by indicating the:
  - a) Manufacturer's name of control panel and tubeheads;
  - b) Model number of control panel and tubehead(s) (where number is accessible to the applicant);
  - c) Serial number of control panel and tubehead(s) (where number is accessible to the applicant);
  - d) Maximum kilovoltage unit may be operated;
  - e) Maximum milliamperage unit may be operated.
13. and 14. These items are self-explanatory.
15. Please execute the certification required by Item 15. Where the applicant is a hospital, corporation, educational institution, etc., that name should appear in the top blank, and the person responsible for the unit should sign below, giving his title.

IF ADDITIONAL FORMS ARE NEEDED, PLACE THE NUMBER IN THE BLANK PROVIDED ON THE FRONT OF THE FORM.

Historical Note  
Appendix A adopted effective November 22, 1988 (Supp. 88-4).

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**ARRA-4**  
Rev. 04/11/96

**ARIZONA RADIATION REGULATORY AGENCY**  
**APPLICATION FOR REGISTRATION OR LICENSING OF SOURCES OF RADIATION**  
(Excluding Radioactive Material)  
(See Instructions on Attached Sheet)

THIS APPLICATION FOR A REGISTRATION/LICENSE:                      NEW                          RENEWAL                          AMENDMENT   

**FACILITY INFORMATION**

1. BUSINESS NAME OF POSSESSOR (Individual, Partnership, Corporation, etc):

2. BUSINESS AREA CODE - TELEPHONE #

3. BUSINESS MAILING ADDRESS: NO. AND STREET

CITY AND STATE

ZIP CODE

4. ADDRESS AND TELEPHONE NUMBER AT WHICH SOURCES WILL BE USED. IF DIFFERENT FROM ITEMS 2 AND 3.

5. THIS IS AN APPLICATION FOR (CHOOSE ONE ONLY):    SUBMIT A SEPARATE ARRA-4 FORM FOR EACH TYPE OF FACILITY, AS APPLICABLE.

X-RAY FACILITY   

PARTICLE ACCELERATOR FACILITY   

NON-IONIZING RADIATION FACILITY   

6. FACILITY SUBTYPE:

HOSPITAL                          DENTAL                          PODIATRY                          MAMMOGRAPHY                          CHIROPRACTIC                          MEDICAL CLINIC   

PRIVATE MEDICAL PRACTICE                          EDUCATIONAL                          INDUSTRIAL RADIOGRAPHY                          INDUSTRIAL                          VETERINARIAN   

OTHER                          If Other, explain: \_\_\_\_\_

7. INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION AT THIS FACILITY

NAME

TITLE

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Rev. 04/11/96

**8. LEGAL STRUCTURE OF APPLICANT**

An Individual       A Partnership       A Limited Liability Corporation       A Corporation   
An Unincorporated Association       City/County/State Government

**A Partnership**

Please provide the name and address of each individual or legal entity owning a partnership interest in the applicant.

Please state the percentage ownership of the applicant partnership held by each of the individuals or legal entities listed above.

**A Limited Liability Corporation**

Memberships

Ownerships

**A Corporation**

**STOCK OF APPLICANT CORPORATION**

# AUTHORIZED SHARES	# ISSUED SHARES	# SUBSCRIBED SHARES	TOTAL STOCKHOLDERS	TOTAL SUBSCRIBERS

is the applicant corporation directly or indirectly controlled by another corporation or other legal entity?

if "yes" give name and address of other corporation or legal entity and describe how such control exists and the extent of control.

For all entities, please identify the State, District, or Territory under the laws of which the applicant is organized. Include the name and address of any Arizona agent for the applicant.

**SEE ATTACHED SHEET FOR LIST OF ATTACHMENTS TO BE INCLUDED WITH THIS APPLICATION**

9. The applicant or any official executing this application on behalf of the applicant certifies that this application has been prepared in accordance with Arizona Administrative Code, Title 12, Chapter 1, and all information contained on this form, including any supplements and attachments, is true and correct to the best of his or her knowledge and belief.

DATE                      APPLICANT (ITEM 1)                      BY                      TITLE

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Rev. 04/11/96

**INSTRUCTIONS**

Amendments to Form ARRA-4 should be submitted on Form ARRA-4. Changes to the attachments do not require a Form ARRA-4, but only submit the attachment form as applicable.

Items 1- 3, are self-explanatory. Be sure to include area code and all ZIP codes.

Item 4, list address(es) at which a source of radiation may be used other than the address listed in item 3. If statewide, county wide, or citywide, please so designate. Leave blank if the same as item 3.

Item 5, please classify the facility according to the usage for which this application is being filed. If more than one usage of sources of radiation occurs at this facility a separate application should be filed for each usage. You may make copies of the front of this form, if necessary.

Item 6, choose a facility subtype that best describes your facility.

Item 7, List the name and telephone number of the individual who is delegated responsibility for radiation control for the facility. If a committee has this responsibility, list the chairman and attach a list of the committee membership. In any case, an individual usually designated as the Radiation Safety Officer will have the day to day responsibility for the administration of the Radiation Safety Program of the facility. Changes to the Committee Membership or the Radiation Safety Officer may be sent to the Agency by letter or FAX.

Item 8, please indicate the legal structure of the applicant. **NOTE:** for all cases indicate the State, etc, under which the entity is organized and any Arizona Agent representing the entity.

Item 9, please sign and date the application. Send application to: ARRA; 4814 South 40th Street; Phoenix, AZ 85040.

If you have any questions, please write to the above address or call 602-255-4845 ex. 3 FAX 603-437-0705.

**PLEASE NOTE AN APPLICATION FOR A NEW RADIATION MACHINE FACILITY (NEVER REGISTERED/LICENSED BY THE APPLICANT) CANNOT BE PROCESSED UNTIL THE APPROPRIATE APPLICATION FEE IS RECEIVED. IN ACCORDANCE WITH R12-1-202 C, THE APPLICANT OF AN EXISTING REGISTERED OR LICENSED FACILITY IS NOT TO POSSESS OR USE UNREGISTERED/UNLICENSED EQUIPMENT FOR MORE THAN THIRTY DAYS. (NOTE: A SCHEDULE OF APPLICATION FEES CAN BE FOUND IN R12-1-1306)**

No registration is complete unless the appropriate forms listing the equipment to be registered/licensed accompany this application. The following is a list of the appropriate forms to use when registering equipment.

<u>TYPE EQUIPMENT</u>	<u>ATTACHMENTS TO ARRA-4 APPLICATION</u>
Medical/Dental Diagnostic X-Ray units	ARRA-4X
Medical Therapy X-Ray (< 1Mev)	ARRA-4XT
Medical Therapy X-Ray (≥ 1Mev)	ARRA-4PAT
Industrial Gauge	ARRA-4IG
Industrial Radiography (< 1,000 kVp)	ARRA-4IR
Industrial Radiography (≥ 1Mev)	ARRA-4PAR
All other Particle Accelerators	ARRA-4PA
Mammography	ARRA-13
Non-ionizing Application	ARRA-1004
Tanning	ARRA-1005
Radio Frequency	ARRA-1030
Nonionizing User	ARRA-1050
Laser	ARRA-1070
MRI	ARRA-1090

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ARRA-4X  
January 1996

ARIZONA RADIATION REGULATORY AGENCY

ATTACHMENT TO ARRA-4 FOR THE REGISTRATION OF MEDICAL/DENTAL OR VETERINARIAN  
DIAGNOSTIC X-RAY SOURCE OF RADIATION

FACILITY NAME	REGISTRATION # ( if available )
	DATE

MACHINE INFORMATION  
Diagnostic X-Ray

Fluoroscopic w/image Intensifier _____		Bone Densitometer _____
Fluoroscopic wo/image Intensifier _____	Tomographic _____	Cephalometric _____
Combination w/image Intensifier _____	Panographic _____	Intra Oral _____
Combination wo/image intensifier _____	Radiographic _____	Other Dental _____
Computerized Axial Tomographic _____	Photofluorographic _____	Other Medical _____
This Machine is Mobile _____ Stationary _____ Portable _____ Transportable _____		

EQUIPMENT

	MANUFACTURER/MODEL NO.	SERIAL NO.	MAX. KVP	MAX. MA.	PHYSICAL LOCATION
Control Panel					
Rad. Tube #1					
Tube #2					
Tube #3					
Tube #4					
Fluoro. Tube #1					
Fluoro. Tube #2					

SHIELDING INFORMATION

(Use additional pages, if necessary)

INSTRUCTIONS

1. Excluding dental and mammography units, please provide a scale drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. The calculations shall meet the standards specified in R12-1-603.C.2. For your assistance Regulatory Guide 10.5 is available to guide you in supplying these items.
2. Please provide the specific instructions including any restrictions provided to the equipment operators. Regulatory Guide 10.5 will assist you in completing this portion of the application.
3. Please note that R12-1-604.B. requires each registrant to maintain for each x-ray machine:
  - a. Maximum rating of technique factors;
  - b. Aluminum equivalent filtration of the useful beam, including routine variations;
  - c. Records of surveys, calibrations, maintenance, modifications, and the names of persons who performed the service;
  - d. A copy of all correspondence with the Agency relating to the x-ray machine.
4. Please note that R12-1-206.C. requires transferor provide to each registrant, the supplies and x-ray machine necessary to comply with the requirements of the rules relating to the usage of the equipment transferred.

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**ARRA-4XT**  
January 1996

ARIZONA RADIATION REGULATORY AGENCY

ATTACHMENT TO ARRA-4 FOR MEDICAL THERAPY X-RAY SOURCE OF RADIATION < 1 Mev

FACILITY NAME	REGISTRATION # ( if available )
	DATE

**MACHINE INFORMATION**  
Medical Therapeutic X-Ray

< 150kVp \_\_\_\_\_

151 - 999kVp \_\_\_\_\_

**EQUIPMENT**

<u>MANUFACTURER / MODEL NO.</u>	<u>SERIAL NO.</u>	<u>MAX. KVP</u>	<u>MAX. MA.</u>	<u>PHYSICAL LOCATION</u>
Control Panel _____				
Therapy Tube #1 _____				
Therapy Tube #2 _____				
Therapy Tube #3 _____				

**SHIELDING AND CALIBRATION INFORMATION**

(Use additional pages if necessary)

**INSTRUCTIONS**

1. Please provide a scale drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. The calculations shall meet the standards specified in R12-1-603.C.2. For your assistance, Regulatory Guide 11.5 is available to guide you in supplying these items. You may wish to submit the consultant design report for the facility instead.
2. Please provide the specific instructions including any restrictions provided to the equipment operators. Regulatory Guide 11.5 will assist you in completing this portion of the application.
3. Please note that R12-1-611.C., D. and E. require each registrant to maintain for each x-ray machine:
  - a. A record of the radiation protection survey of the facility;
  - b. A record of the calibrations of the Unit;
  - c. For Units > 150 kVp, a record of the monthly spot check must be maintained;
4. Please provide a copy of 3.a. and 3.b. above when they are initially completed for this installation.

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**ARRA-4PAT**  
January 1996

ARIZONA RADIATION REGULATORY AGENCY

**ATTACHMENT TO ARRA-4 FOR MEDICAL THERAPY PARTICLE ACCELERATOR SOURCE OF RADIATION  $\geq 1$ MeV**

FACILITY NAME	REGISTRATION # ( if available )
	DATE

**CLASSIFICATION OF PROFESSIONAL IN CHARGE OF MACHINE**

General Practitioner \_\_\_\_\_ Health Physicist \_\_\_\_\_ Registered X-Ray Technologist \_\_\_\_\_  
Radiologist \_\_\_\_\_ Non-Registered X-Ray Tech. \_\_\_\_\_ Osteopath \_\_\_\_\_ Other \_\_\_\_\_

**PARTICLE ACCELERATOR INFORMATION**

Betatron \_\_\_\_\_ Cyclotron \_\_\_\_\_ Van de Graff \_\_\_\_\_ Other Medical therapy \_\_\_\_\_

**EQUIPMENT**

	<u>MANUFACTURER / MODEL NO.</u>	<u>SERIAL NO.</u>	<u>MAX. Mev</u>	<u>MAX. MA.</u>	<u>PHYSICAL LOCATION</u>
Photons	_____	_____	_____	_____	_____
Electrons	_____	_____	_____	_____	_____
Neutrons	_____	_____	_____	_____	_____

**SHIELDING INFORMATION**  
(Use additional pages if necessary)  
**INSTRUCTIONS**

1. Please provide a scale drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. The calculations shall meet the requirements specified in R12-1-603.C.2. For your assistance Regulatory Guide 11.5 is available to guide you in supplying these items. You may wish to submit the consultant design report for the facility instead.
2. Please provide the specific instructions including any restrictions provided to the equipment operators. Regulatory Guide 11.5 will assist you in completing this portion of the application.
3. Please note that R12-1-612. B. And C. requires each registrant to maintain for each particle accelerator:
  - a. Prior to initiating treatment, a radiation protection survey of the facility is made and the record retained. A copy must be provided to the Agency;
  - b. A record of the calibrations of the Unit;
  - c. A record of the monthly spot checks must be maintained.

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**ARRA-4IG**  
January 1996

ARIZONA RADIATION REGULATORY AGENCY

**ATTACHMENT TO ARRA-4 FOR INDUSTRIAL GAUGE OR ANALYTICAL X-RAY SOURCE OF RADIATION**  
(does NOT include Industrial Radiography)

FACILITY NAME	REGISTRATION # (if available)
	DATE

**MACHINE INFORMATION**

X-Ray Unit

Analytical \_\_\_\_\_ Industrial Gauge \_\_\_\_\_ This Machine is Mobile \_\_\_\_\_ or Fixed \_\_\_\_\_ Other \_\_\_\_\_

**EQUIPMENT**

	<u>MANUFACTURER / MODEL NO.</u>	<u>SERIAL NO.</u>	<u>MAX. KVP</u>	<u>MAX. MA.</u>	<u>PHYSICAL LOCATION</u>
Control Panel					
Rad. Tube #1					
Rad. Tube #2					
Rad. Tube #3					

**SHIELDING INFORMATION**  
(Use additional pages, if necessary)  
**INSTRUCTIONS**

1. Please provide a drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. The calculations should include the information required to assess the compliance with these regulations.
2. Please provide the specific instructions or procedures including any restrictions, such as beam stop usage, provided to the equipment operators.
3. Please note that R12-1-206.C. requires the transferor provide each registrant with the supplies and x-ray equipment as necessary to comply with the requirements of the rules relating to the use of the equipment transferred.

**RETAIN A COPY FOR YOUR RECORDS**

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ARRA-4IR  
January 1996

ARIZONA RADIATION REGULATORY AGENCY

ATTACHMENT TO ARRA-4 FOR AN INDUSTRIAL RADIOGRAPHY X-RAY SOURCE OF RADIATION (<1,000 kVp)

FACILITY NAME	REGISTRATION # ( if available )
	DATE

TYPE PROGRAM

Cabinet \_\_\_\_\_ Fixed \_\_\_\_\_ Mobile \_\_\_\_\_

MACHINE INFORMATION

Fluoroscopic w/image Intensifier \_\_\_\_\_ Radiographic \_\_\_\_\_ Other \_\_\_\_\_

EQUIPMENT

<u>MANUFACTURER / MODEL NO.</u>	<u>SERIAL NO.</u>	<u>MAX. KVP</u>	<u>MAX. MA.</u>	<u>PHYSICAL LOCATION</u>
---------------------------------	-------------------	-----------------	-----------------	--------------------------

Control Panel \_\_\_\_\_

Rad. Tube #1 \_\_\_\_\_

Rad. Tube #2 \_\_\_\_\_

Rad. Tube #3 \_\_\_\_\_

SHIELDING INFORMATION

(Use additional pages, if necessary)

INSTRUCTIONS

- Please provide a drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. If for temporary locations, please provide a copy of your operating and emergency procedures which contain the information required by R12-1-522.
- Please provide the specific instructions including any restrictions provided to the radiographers.
- Please note that R12-1-534 requires each registrant to maintain for each industrial x-ray radiography site:
  - A copy of the registration form;
  - Operating and emergency procedures;
  - Agency rules;
  - Survey records as required by R12-1-533 along with dosimetry records; and
  - The latest instrument calibration which indicates the applicability to the x-ray energies in use at the site.

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**ARRA-4PAR**  
January 1996

ARIZONA RADIATION REGULATORY AGENCY

**ATTACHMENT TO ARRA-4 FOR AN INDUSTRIAL RADIOGRAPHY X-RAY SOURCE OF RADIATION ( $\geq 1$  Mev)**

FACILITY NAME	REGISTRATION # ( if available )
	DATE

**CLASSIFICATION OF PERSONNEL IN CHARGE OF MACHINE**

Health Physicist \_\_\_\_\_ Radiographer \_\_\_\_\_ Other \_\_\_\_\_

**MACHINE INFORMATION**

Betatron \_\_\_\_\_ Cyclotron \_\_\_\_\_ Van de Graff \_\_\_\_\_ Linear \_\_\_\_\_ Other \_\_\_\_\_  
This Machine is Mobile \_\_\_\_\_ or Fixed \_\_\_\_\_

**EQUIPMENT**

<u>MANUFACTURER / MODEL NO.</u>	<u>SERIAL NO.</u>	<u>MAX. MVP</u>	<u>MAX. MA.</u>	<u>PHYSICAL LOCATION</u>

**SHIELDING INFORMATION**

(Use additional pages, if necessary)  
**INSTRUCTIONS**

1. Please provide a drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. If for temporary locations, please provide a copy of your operating and emergency procedures which contain the information required by R12-1-522.
2. Please provide the specific instructions including any restrictions provided to the radiographers.
3. Please note that R12-1-534 requires each registrant to maintain for each industrial x-ray radiography site:
  - a. A copy of the registration form;
  - b. Operating and emergency procedures;
  - c. Agency rules;
  - d. Survey records as required by R12-1-533 along with dosimetry records; and
  - e. The latest instrument calibration which indicates the applicability to the x-ray energies in use at the site.

**RETAIN A COPY FOR YOUR RECORDS**

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**ARRA-4PA**  
January 1996

ARIZONA RADIATION REGULATORY AGENCY

ATTACHMENT TO ARRA-4 FOR A PARTICLE ACCELERATOR SOURCE OF RADIATION (> 1 Mev)

FACILITY NAME	REGISTRATION # ( if available )
	DATE

**CLASSIFICATION OF PERSONNEL IN CHARGE OF MACHINE**

Health Physicist \_\_\_\_\_ Operator \_\_\_\_\_ Other \_\_\_\_\_

**MACHINE INFORMATION**

Betatron \_\_\_\_\_ Cyclotron \_\_\_\_\_ Van de Graff \_\_\_\_\_ Linear \_\_\_\_\_ Other \_\_\_\_\_

This Machine is Mobile \_\_\_\_\_ or Fixed \_\_\_\_\_

**EQUIPMENT**

MANUFACTURER / MODEL NO.	SERIAL NO.	MAX. MVP	MAX. MA.	PHYSICAL LOCATION
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**SHIELDING INFORMATION**

(Use additional pages, if necessary)  
**INSTRUCTIONS**

1. Please provide a drawing of the facility, including construction material, and your calculations of the shielding needed to assure compliance with R12-1-408 and R12-1-416 of A.A.C. if for temporary locations, please provide a copy of your operating and emergency procedures which contain the information required by R12-1-522.
2. Please provide the specific instructions including any restrictions provided to the operators.
3. Please note that R12-1-1002 requires each registrant to maintain for each Particle Accelerator site:
  - a. A copy of the registration form;
  - b. Operating and emergency procedures; and
  - c. Agency rules.

**RETAIN A COPY FOR YOUR RECORDS**



**Arizona Administrative Register**  
**Notices of Final Rulemaking**

ARRA-1004  
 May 1994



**ARIZONA RADIATION REGULATORY AGENCY**

**NONIONIZING RADIATION LICENSE APPLICATION**

**INSTRUCTIONS -** Complete all items in this application for a new license or the renewal of an existing license. Use the provided data forms and supplemental sheets where necessary. Retain a copy of this application for your records. Mail the original to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of this application, the applicant will receive a Nonionizing Radiation License issued in accordance with the requirements contained in Arizona Administrative Code.

1. NAME AND ADDRESS OF LICENSEE:    TELEPHONE NUMBER: _____	2. ADDRESS AT WHICH DEVICE(S) WILL BE USED:    4. THIS IS AN APPLICATION FOR: (Check appropriate item) <input type="checkbox"/> NEW LICENSE <input type="checkbox"/> RENEWAL OF LICENSE NO. _____ <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____
3. PERSON TO CONTACT REGARDING THIS APPLICATION    TELEPHONE NUMBER: _____	

5. THIS APPLICATION IS FOR: (Check appropriate item)

<input type="checkbox"/>	TANNING FACILITY	number of devices _____	Attach Tanning Data Forms and Nonionizing Radiation User Applications
<input type="checkbox"/>	INDUSTRIAL LASER FACILITY	number of devices _____	Attach Laser Facility Data Forms and Nonionizing Radiation User Applications
<input type="checkbox"/>	MEDICAL LASER FACILITY	number of devices _____	Attach Laser Facility Data Forms and Nonionizing Radiation User Applications
<input type="checkbox"/>	LASER LIGHT SHOW	variance number _____	Attach Variance and Nonionizing Radiation User Applications
<input type="checkbox"/>	MEDICAL RF DEVICE FACILITY	number of devices _____	Attach RF Data Forms and Nonionizing Radiation User Applications
<input type="checkbox"/>	MEDICAL IMAGING FACILITY	number of devices _____	Attach Imaging Data Forms and Nonionizing Radiation User Applications
<input type="checkbox"/>	INDUSTRIAL RF FACILITY	number of devices _____	Attach RF Data Forms and Nonionizing Radiation User Applications
<input type="checkbox"/>	OTHER RADIATION MACHINES	Contact the Agency	

The Applicant or any official executing this certificate on behalf of the applicant named in item 1, certifies that this application is prepared in conformity with Arizona Administrative Code, Title 12, Chapter 1, and that all information contained on the form, including any attachments, is true and correct to the best of his or her knowledge and belief. Further, the Applicant or any official executing this certificate on behalf of the applicant agrees to conform to the Statutory and Administrative requirements of the State of Arizona and the Arizona Radiation Regulatory Agency.

(TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)	BY: _____ (SIGNATURE)
(TITLE OF CERTIFYING OFFICIAL)	DATE: _____

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Arizona Administrative Register  
Notices of Final Rulemaking

ARRA-1005  
May 1994



ARIZONA RADIATION REGULATORY AGENCY  
TANNING DATA FORM

INSTRUCTIONS - Complete all items in this data sheet for licensing a new facility or the renewal or amendment of an existing license. Use one data form for each Tanning Device. Retain a copy of this data sheet for your records. Attach this data sheet to your NONIONIZING RADIATION LICENSE APPLICATION and mail to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of the application, the applicant will receive a Nonionizing Radiation License issued in accordance with the requirements contained in Arizona Administrative Code. This data form is for use by Tanning device facilities. Other facility types are required to use forms provided by the Agency.

1. NAME AND ADDRESS OF LICENSEE:          TELEPHONE NUMBER: _____	2. ADDRESS AT WHICH DEVICE(S) WILL BE USED:          
3. PERSON TO CONTACT REGARDING THIS DATA FORM          TELEPHONE NUMBER: _____	4. THIS IS DATA FOR AN APPLICATION FOR: (Check appropriate item)  <input type="checkbox"/> NEW LICENSE <input type="checkbox"/> RENEWAL OF LICENSE NO. _____ <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____
5. TANNING DEVICE IDENTIFYING INFORMATION:  MANUFACTURER: _____  MODEL NUMBER: _____  DATE OF MANUFACTURE: _____  TYPE OF LAMPS USED: <input type="checkbox"/> UVA <input type="checkbox"/> UVB <input type="checkbox"/> UVA/UVB	6. TIMER TYPE AND IDENTIFYING INFORMATION:  <input type="checkbox"/> ORIGINAL CERTIFIED TIMER <input type="checkbox"/> AFTERMARKET ELECTRONIC <input type="checkbox"/> AFTERMARKET MECHANICAL  MAXIMUM TANNING TIME SETTING: _____  USER ABLE TO TERMINATE EXPOSURE LOCALLY: <input type="checkbox"/> YES <input type="checkbox"/> NO

The Applicant or any official executing this certificate on behalf of the applicant named in item 1, certifies that this application is prepared in conformity with Arizona Administrative Code, Title 12, Chapter 1, and that all information contained on the form, including any attachments, is true and correct to the best of his or her knowledge and belief. Further, the Applicant or any official executing this certificate on behalf of the applicant agrees to conform to the Statutory and Administrative requirements of the State of Arizona and the Arizona Radiation Regulatory Agency.

\_\_\_\_\_  
(TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)

BY: \_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TITLE OF CERTIFYING OFFICIAL)

DATE: \_\_\_\_\_

RETAIN A COPY FOR YOUR RECORDS

ARRA-1030

May 1994



ARIZONA RADIATION REGULATORY AGENCY

RF DATA FORM

INSTRUCTIONS - Complete all items in this data sheet for licensing a new facility or the renewal or amendment of an existing license. Use one data form for each RF Device. Retain a copy of this data sheet for your records. Attach this data sheet to your NONIONIZING RADIATION LICENSE APPLICATION and mail to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of the application, the applicant will receive a Nonionizing Radiation License issued in accordance with the requirements contained in Arizona Administrative Code. This data form is for use by RF device facilities. Other facility types are required to use forms provided by the Agency.

<p>1. NAME AND ADDRESS OF LICENSEE:</p>   <p>TELEPHONE NUMBER:</p>	<p>2. ADDRESS AT WHICH DEVICE(S) WILL BE USED:</p>   
<p>3. PERSON TO CONTACT REGARDING THIS DATA FORM</p>   <p>TELEPHONE NUMBER:</p>	<p>4. THIS IS DATA FOR AN APPLICATION FOR: (Check appropriate item)</p> <p><input type="checkbox"/> NEW LICENSE</p> <p><input type="checkbox"/> RENEWAL OF LICENSE NO. _____</p> <p><input type="checkbox"/> AMENDMENT TO LICENSE NO. _____</p>
<p>5. RF DEVICE IDENTIFYING INFORMATION:</p> <p>MANUFACTURER: _____</p> <p>MODEL NUMBER: _____</p> <p>SERIAL NUMBER: _____</p>	<p>6. RF DEVICE STRENGTH AND TYPE:</p> <p>DEVICE OUTPUT POWER: _____</p> <p>DUTY CYCLE: _____</p> <p>PRINCIPAL FREQUENCY: _____</p>

The Applicant or any official executing this certificate on behalf of the applicant named in item 1, certifies that this application is prepared in conformity with Arizona Administrative Code, Title 12, Chapter 1, and that all information contained on the form, including any attachments, is true and correct to the best of his or her knowledge and belief. Further, the Applicant or any official executing this certificate on behalf of the applicant agrees to conform to the Statutory and Administrative requirements of the State of Arizona and the Arizona Radiation Regulatory Agency.

\_\_\_\_\_  
(TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)

BY: \_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TITLE OF CERTIFYING OFFICIAL)

DATE: \_\_\_\_\_

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ARRA-1070

May 1994



**ARIZONA RADIATION REGULATORY AGENCY**

**L A S E R   D A T A   F O R M**

**INSTRUCTIONS** - Complete all items in this data sheet for licensing a new facility or the renewal or amendment of an existing license. Use one data form for each regulated LASER. Retain a copy of this data sheet for your records. Attach this data sheet to your NONIONIZING RADIATION LICENSE APPLICATION and mail to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of the application, the applicant will receive a Nonionizing Radiation License issued in accordance with the requirements contained in Arizona Administrative Code. This data form is for use by Laser facilities. Other facility types are required to use forms provided by the Agency.

<b>1. NAME AND ADDRESS OF LICENSEE:</b>       <b>TELEPHONE NUMBER:</b> _____	<b>2. ADDRESS AT WHICH DEVICE(S) WILL BE USED:</b>       
<b>3. PERSON TO CONTACT REGARDING THIS DATA FORM</b>       <b>TELEPHONE NUMBER:</b> _____	<b>4. THIS IS DATA FOR AN APPLICATION FOR: (Check appropriate item)</b> <input type="checkbox"/> NEW LICENSE <input type="checkbox"/> RENEWAL OF LICENSE NO. _____ <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____
<b>5. LASER IDENTIFYING INFORMATION:</b>  MANUFACTURER: _____  MODEL NUMBER: _____  SERIAL NUMBER: _____	<b>6. LASER CLASS AND TYPE:</b>  LASER CLASS: _____  LASING MEDIUM (i.e. CO2 or YAG): _____  PRINCIPAL WAVELENGTH: _____

The Applicant or any official executing this certificate on behalf of the applicant named in item 1, certifies that this application is prepared in conformity with Arizona Administrative Code, Title 12, Chapter 1, and that all information contained on the form, including any attachments, is true and correct to the best of his or her knowledge and belief. Further, the Applicant and any official executing this certificate on the applicants behalf agrees to conform to the Statutory and Administrative requirements of the State of Arizona and the Arizona Radiation Regulatory Agency.

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)

\_\_\_\_\_  
 (TITLE OF CERTIFYING OFFICIAL)

BY: \_\_\_\_\_  
 (SIGNATURE)

DATE: \_\_\_\_\_

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ARRA-1090

May 1994



ARIZONA RADIATION REGULATORY AGENCY

IMAGING DATA FORM

INSTRUCTIONS - Complete all items in this data sheet for licensing a new facility or the renewal or amendment of an existing license. Use one data form for each Imaging Device. Retain a copy of this data sheet for your records. Attach this data sheet to your NONIONIZING RADIATION LICENSE APPLICATION and mail to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of the application, the applicant will receive a Nonionizing Radiation License issued in accordance with the requirements contained in Arizona Administrative Code. This data form is for use by Imaging device facilities. Other facility types are required to use forms provided by the Agency.

1. NAME AND ADDRESS OF LICENSEE:     TELEPHONE NUMBER:	2. ADDRESS AT WHICH DEVICE(S) WILL BE USED:     
3. PERSON TO CONTACT REGARDING THIS DATA FORM     TELEPHONE NUMBER:	4. THIS IS DATA FOR AN APPLICATION FOR: (Check appropriate item) <input type="checkbox"/> NEW LICENSE <input type="checkbox"/> RENEWAL OF LICENSE NO. _____ <input type="checkbox"/> AMENDMENT TO LICENSE NO. _____
5. IMAGING DEVICE IDENTIFYING INFORMATION:  MANUFACTURER: _____  MODEL NUMBER: _____  SERIAL NUMBER: _____	6. IMAGING DEVICE STRENGTH AND TYPE:  DEVICE FIELD STRENGTH: _____  DEVICE CYCLE TIME: _____  PRINCIPAL FREQUENCY: _____

The Applicant or any official executing this certificate on behalf of the applicant named in item 1, certifies that this application is prepared in conformity with Arizona Administrative Code, Title 12, Chapter 1, and that all information contained on the form, including any attachments, is true and correct to the best of his or her knowledge and belief. Further, the Applicant and any official executing this certificate on behalf of the applicant agrees to conform to the Statutory and Administrative requirements of the State of Arizona and the Arizona Radiation Regulatory Agency.

\_\_\_\_\_  
(TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)

BY: \_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TITLE OF CERTIFYING OFFICIAL)

DATE: \_\_\_\_\_

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