Attachment 6 – Radiographic Facility Certification Document – Form No. CDC/NIOSH (M) 2.11

		RADIOGRAPHIC FACILITY CERTIFICATION DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH						rogram	
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tate	- Zip (	Code		County					
Type of Facility (Mobile, Clinic, Private Office, Hospital,)						How many chest x-rays per year?			
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Email Form

Print Form

Save Form