



4. AMENDMENT OF COC, LTO AND COR DOCUMENTARY REQUIREMENTS

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>1. CHANGE OF AUTHORIZED PERSONNEL</p> <ul style="list-style-type: none"> • Duly accomplished x-ray application form • Proof of subscription to personal dose monitor (TLD or OSL) from authorized personal dosimetry service provider if applicable. • Proof of qualification of the new personnel as required in the application from checklist of requirements • Notarized contract of employment of the new personnel • Copy of existing DOH LTO/COA 	<ul style="list-style-type: none"> • Applicant • DTI-PAB Accredited Personal Dosimetry Service Providers • Applicant • Applicant • Applicant
<p>2. CHANGE OF MANAGEMENT OR OWNERSHIP</p> <ul style="list-style-type: none"> • Duly accomplished x-ray application form • Deed of Sale/Transfer/Donation • DTI/SEC registration under the name of the new owner/management • Copy of existing DOH LTO/COA 	<ul style="list-style-type: none"> • Applicant • Applicant • Mayor's office from the municipality where the facility is located/ Department of Trade and Industry/ Securities and Exchange Commission • Applicant
<p>3. REMOVAL OF MACHINE</p> <ul style="list-style-type: none"> • Duly accomplished x-ray application form • Letter of request stating the reason/s for the removal of machine • Copy of existing DOH LTO/COA 	<ul style="list-style-type: none"> • Applicant
<p>4. CHANGE IN THE RADIATION FACILITY SERVICE CATEGORY</p> <ul style="list-style-type: none"> • Duly accomplished x-ray application form • Letter request stating the change in the radiation facility service category • For upgrading of facility service category, floor plan is required as proof that the x-ray room specifications are met • Copy of existing DOH LTO/COA 	<ul style="list-style-type: none"> • Applicant



<p>5. INCLUSION OF ADDITIONAL MACHINE/S</p> <ul style="list-style-type: none"> • Duly accomplished x-ray application form • Letter request stating the changes of machine and/or inclusion of additional machine • Initial fee for the particular machine shall apply and may be subject to inspection as deemed necessary • Machine Calibration Report duly signed by the Service Engineer • Photocopy of performance test report from FDA – CSL/DTI – PAB accredited testing body (CT-Scan and Mammography) • Copy of existing DOH LTO/COA 	<ul style="list-style-type: none"> • Applicant • Service Engineer of the facility/ supplier/ third service party • FDA – CSL/DTI – PAB accredited testing body service providers
<p>6. CHANGE OF MACHINE OR REPLACEMENT OF MAJOR COMPONENTS OF X-RAY MACHINE</p> <ul style="list-style-type: none"> • Duly accomplished x-ray application form • Letter request stating the changes in the machine and/or its parts • Initial fee for the particular machine shall apply and may be subject to inspection as deemed necessary • Machine Calibration Report duly signed by the Service Engineer • Photocopy of performance test report from FDA – CSL/DTI – PAB accredited testing body (CT-Scan and Mammography) • Copy of existing DOH LTO/COA 	<ul style="list-style-type: none"> • Applicant • Service Engineer of the facility/ supplier/ third service party • FDA – CSL/DTI – PAB accredited testing body service providers • Applicant