

Request for Waiver to Rule 420-3-26-.06(3)(b)
Rules of State Board of Health, Radiation Control for
Non-Healing Arts Uses of Bone Densitometry X-Ray Units

Applicant:
Registration Number:
Address:

Contact Name:
Contact Telephone Number:
Contact E-Mail Address:

Name of study for which waiver is requested:

Physical address where activities will be conducted:

Briefly describe the purpose of this program:

X-ray equipment manufacturer:
X-ray equipment model:
X-ray equipment serial number:
Describe the equipment operator's training requirements:

Describe the operating procedures and radiation safety procedures for this program:

Provide the average radiation dose to the human subjects for each procedure **and** the number of procedures each subject will receive per year.

Will any subjects be under the age of 18 years?

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Has the protocol for this program been reviewed and approved by the university Institutional Review Board (IRB)?

Has the protocol for this program been reviewed and approved by a physician licensed to practice in Alabama? (May be a member of the IRB)

Name of licensed Physician.

Has the protocol for this program been reviewed and approved by the university Radiation Safety Committee?

I certify that the submitted information is true and correct, and I understand that all documentation related to this request for waiver, including but not limited to the approvals above, shall be available for review by the Agency.

Any person who falsely swears, by signing this form, shall be guilty of a Class A misdemeanor (Code. Alabama 1975, § 13A-10-102), punishable by a fine and up to 1 year in jail.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Radiation Safety Officer

Date

Submit waiver request to: Alabama Department of Public Health
 Office of Radiation Control
 X-Ray Compliance Branch

Mailing Address
Post Office Box 303017
Montgomery, Alabama 36130-3017

Physical Address
Suite 1250 – The RSA Tower
201 Monroe Street
Montgomery, Alabama 36104

Office of Radiation Control Use Only	
Waiver Number:	_____
Date Issued:	_____
Radiation Control Director:	_____