



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

REQUEST FOR HANDHELD X-RAY EXEMPTION

Submit this form to: Office of Radiation Control, Alabama Department of Public Health, P.O. Box 303017, Montgomery, AL 36130

Print or type the name and mailing address of the facility for which this form is filed:	
Enter the facility's x-ray registration number:	
Enter the manufacturer of the handheld x-ray device	
Enter the x-ray device model	

In accordance with Rule 420-3-26-.01(3)(a) of the Rules of the State Board of Health, this request for exemption to Rule 420-3-26-.06(8)(c) to allow use of the above handheld x-ray devices will not result in undue hazard to public health and safety if the following conditions are met:

1. The device shall have a means to be placed in an **off** mode which will prevent the inadvertent or unauthorized production of x-rays.
2. Prior to operating the device, each operator shall review the training manual provided by the manufacturer and pass the operator training exam. A certificate or other documentation demonstrating completion of approved training will be kept on file where the device is registered and shall be made available for Agency review at all reasonable times.
3. The device shall be in the **off** mode when it is not in active use and the device will not be enabled until the operator is ready for an exposure.
4. The device will be locked in a secure location at the end of each day's use.
5. The backscatter shield shall at all times during use remain fixed at the location specified by the manufacturer and only positioning kits that do not require the shield to be removed from the cone will be allowed.
6. Protective clothing (i.e.: leaded aprons, gloves) will be worn if the operator cannot remain in the protective zone of the shield.
7. Notification of the date, time and location of use other than the location listed above shall be made in advance and approved by the Office of Radiation Control of the Alabama Department of Public Health.

I hereby agree that only the handheld x-ray devices identified in this request and meeting these conditions will be used by the facility listed above. All personnel operating such devices will comply with the conditions of this exemption.

Signature of the individual authorized to sign on behalf of the registrant named in this request:

Signature

Date

Print Name

MAILING ADDRESS: P.O. Box 303017 | MONTGOMERY, AL 36130
PHYSICAL ADDRESS: ADMINISTRATIVE ANNEX | 208 LEGENDS COURT | PRATTVILLE, AL 36066

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