



Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

RH-92 REQUEST FOR HAND HELD X-RAY WAIVER

Submit this form to: Kansas Department of Health and Environment, Bureau of Environmental Health, Radiation Control Program, 1000 SW Jackson, Suite 330, Topeka, KS 66612-1365.

Please print or type below, the name and address (including ZIP code) of the facility for which this form is filed.	Enter the x-ray registration number (leave blank for new facilities)
	Registration No.
	Manufacturer
	Model

In accordance with K.A.R. 28-35-242. General requirements.(a) Waiver of requirements. This request to use hand-held x-ray devices will not constitute a significant risk to the health and safety of the public if the following conditions are met:

1. The device shall have a positive means to be placed in an **X-ray Lock Mode** which will prevent the inadvertent or unauthorized production of x-rays.
2. Each individual operating the device shall complete the training provided by the manufacturer or other persons approved by KDHE or and pass an exam. A certificate or other documentation demonstrating completion of approved training will be kept on file where the device is registered.
3. The device shall be in **X-ray Lock Mode** when it is not in active use during the day and the device will not be enabled and the x-ray unlocked until the operator is ready for an exposure
4. The device shall be locked up with the handset detached at the end of each days use (**Please include a description of where and how the device will be stored at the end of each days use**)
5. There shall be a non-removable shield at the out edge of the cone during use and only positioning kits that do not require the shield to be moved from the edge of the cone shall be used
6. Protective clothing (i.e. leaded aprons or gloves) shall be worn if the operator cannot remain in the protective zone of the shield
7. Notification of the date, time and location of use if other than the location stated above shall be made to KDHE, Bureau of Environmental Health, Radiation Control Program, 1000 SW Jackson, Ste. 330, Topeka, KS 66612-1365

I hereby agree that only hand-held x-ray devices identified in this request meeting these conditions will be used by the facility stated above and all personnel operating such devices will comply with condition of this waiver.

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name