Bureau of Community Health Systems
Radiation Control Program
1000 SW Jackson St., Ste 330
Topeka, KS 66612-1365

Kansas

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Susan Mosier, MD, Secretary | Department of Health & Environment | Sam Brownback, Governor

RH-92 REQUEST FOR HAND HELD X-RAY WAIVER

Please complete and include this form with your hand-held equipment training certificates and submit to the address at the bottom of page 2. Please call if there are any questions.

Please print or type information below:	
Registration # (if it has been assigned by KDHE):	
Name of Facility:	
Address:	
City, State, ZIP:	
Contact Name:	
Contact Phone #:	
Device Manufacturer:	
Device Model:	
Device Serial Number:	
Device Date of Manufacture:	

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:

(Please answer each question that follows the numbered conditions.)

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.

   a. Does your device have a means to be placed in an X-ray Lock Mode? ☐YES ☐NO
   b. Does this X-ray Lock Mode prevent the unauthorized production of x-rays? ☐YES ☐NO

2. 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.

   a. Is this device kept in X-ray Lock Mode when not in active use? ☐YES ☐NO
   b. Is this device kept in X-ray Lock Mode until the operator is ready to make an exposure? ☐YES ☐NO

3. 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.

   a. Has each individual operator completed training for this device? ☐YES ☐NO
   b. Who provided this training to the operator?_____
   c. Was an exam of the training material provided to each operator? ☐YES ☐NO
   d. Did each operator pass this exam? ☐YES ☐NO
   e. Is there a certificate or documentation proving the operator completed their training? ☐YES ☐NO
   f. Is documentation of this training maintained at this facility for review? ☐YES ☐NO

(Please include a copy of each operator's training certificate to this office to include in your file.)

4. The device shall be locked up with the handset (battery) detached at the end of each days use.

   a. Where is the device locked up at the end of each day? _____
   b. Is the handset (battery) detached from the device at the end of each day? ☐YES ☐NO
   c. Where is the handset (battery) stored at the end of each day? _____

5. There shall be a non-removable shield at the outer 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.

   a. Is the protective shield left at the outer edge of the cone during each use? ☐YES ☐NO
   b. Do positioning kits allow for the shield to stay at the outer edge of the cone at all times? ☐YES ☐NO

6. Protective clothing (i.e. leaded aprons or gloves) shall be worn if the operator cannot remain in the protective zone of the shield.

   a. Is protective clothing, such as leaded aprons or leaded gloves being used if the operator cannot stay within the protected shielded area? ☐YES ☐NO

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 Street, Suite 330, Topeka, KS 66612-1365.

   a. Is the device being used at **ONLY** the location stated above? ☐YES ☐NO
   If not, please explain: _____
   _____

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

<u>Submit this completed two page form and training certificates to:</u>
Kansas Department of Health and Environment
Bureau of Community Health Systems, Radiation Control Section
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