



PUBLIC HEALTH DIVISION
Radiation Protection Services
John A. Kitzhaber, MD, Governor

Oregon
Health
Authority

Request for Hand-held Dental X-ray Exemption:
Aribex Hand-Held Dental X-ray Units only
Oregon Administrative Rule 333-106-0325(9)(b)

800 NE Oregon Street, Suite 640
Portland, OR 97232
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Submit this form to: Oregon Health Authority (OHA) – Radiation Protection Services (RPS),
800 NE Oregon Street, Suite 640, Portland, OR 97232

This "Request for Hand-Held Dental X-ray Exemption" form must be submitted if a hand-held device is to be used for general dentistry purposes or for temporary dental care locations that will be in operation for greater than seven (7) days per year. This form must be completed and approved by RPS, and the hand-held device registered with RPS before being used on patients.

REGISTRANT INFORMATION (Please print clearly):

Owner's Name: _____

Facility Name: _____

Physical Address of Facility: _____

City: _____ State: _____ Zip: _____

Phone Number @ Physical Location: _____

Fax Number @ Physical Location: _____

Owner's E-mail Address: _____

Do you currently have any X-ray control panels registered with RPS? Yes No
If yes, what is your current Facility ID number? (4 digits found on the validation certificate, upper left corner)

Hours of Operation: _____

Device Manufacturer Name/Model/Serial Number of hand-held unit(s) planned to be used: _____

(Please be advised that not all hand-held dental units are approved for use in Oregon.)

This is a request for an exemption to OAR 333-106-0325(9)(b) which provides, in part, that "Hand-held dental X-ray equipment shall be used only for examinations where it is impractical to transfer the patient(s) to a stationary X-ray installation." Even if a registrant qualifies for an exemption, the registrant is required to meet all other appropriate Oregon Administrative Rules of Chapter 333. The following is a partial list of the conditions that must be met:

1. The unit shall be operated by authorized personnel who have been trained in the operation of the device. (Training documentation must be kept on site and available upon inspection.)

2. For the first 12 months from date of first use after the exemption is granted, each operator of the hand-held unit shall wear a whole body protective apron and thyroid collar of 0.25 mm lead equivalent, and personal dosimetry (whole body and ring).
3. RPS shall conduct an annual inspection [per OAR 333-100-0060(4)], following the first 12 months from date of first use after the exemption is granted, to confirm proper use of dosimetry and proper use of device by operators. If all operator dosimeter levels are 10% or less than the yearly allowed occupational dose limit [per OAR 333-120-0210(1)(a)] then dosimetry may be discontinued and the registrant's operators will be exempt from wearing the whole body apron and thyroid collar.
4. After successfully completing the first annual inspection, the registrant will not be required to renew the exemption but will be required to post a safety notice (provided by RPS) regarding proper use of the hand-held x-ray device.
5. If, during a second annual inspection, all operators of the registrant can demonstrate proper use of the device, inspections will revert to RPS's routine inspection cycle (currently once every three years).
6. If, during the second annual inspection, an operator is not demonstrating proper use of the device, the registrant shall be required to have all operators wear dosimetry (whole body and ring) and a whole body protective apron and thyroid collar as appropriate, and the registrant will be inspected annually until all operators of the registrant demonstrate proper use of the device.
7. Only the operator of the hand-held unit and the patient can be in the room during the X-ray exposure.
8. The unit will only be operated in an enclosed room when possible. The unit will not be used for patient examinations in hallways and waiting rooms.
9. Only E/F, F or digitally acquired imaging receptors may be used.
10. Registrants must provide for security and safe storage while the unit is not in use.

Where will the hand-held unit be primarily used (i.e. dental office, temporary clinic, or mobile dental services)?

Note: For RPS inspection purposes, indicate the estimated length of time (hours of operation) that any temporary clinic or mobile dental service program will be in operation.

Where will the hand-held unit(s) be securely stored when not in use?

I have read the rules regarding hand-held dental units and understand that failure to follow the above conditions and OARs may result in actions by RPS including revocation of this exemption and/or civil penalties. Enforcement of hand-held exemption conditions/rules has taken place effective October 1, 2011. If approved, this exemption will be valid through September 30, 2013 which coincides with the next biennial X-ray Machine Validation renewal date. If the above conditions are met then this exemption will not need to be renewed.

Name (facility owner)

Signature

Date _____