

Radiology Compliance Branch
RADIATION PROTECTION SECTION



Division of Health Service Regulation • N.C. Department of Health and Human Services

Dental Hand-Held X-ray Waiver Request

To use Dental Hand-Held equipment, registrants (*or potential registrants*) must be granted a waiver letter from this agency

To receive a waiver letter from the agency, submit the following documents to Waiver@dhhs.nc.gov

- A Dental Hand-Held (**DHH**) waiver request. **An incomplete request will not be processed**
- An Acknowledged Shielding Design (**ASD**) for each room of planned use

To Add a DHH unit of same model and use not on the registrants current Notice of Registration, submit the following to Waiver@dhhs.nc.gov

- Existing Dental Hand-Held (**DHH**) waiver granted by agency
- An Acknowledged Shielding Design (**ASD**) for each room of planned use

List each room (as indicated) on the ASD the DHH will be used. Include any room(s) or areas of intended use not shown on the ASD

Facility Status

| | | | |
|--|---|--|---|
| <input type="checkbox"/> New Facility | <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> Registered | <input type="checkbox"/> Registered and Moving |
| Opening Date: | Previous Owner or Business Name: | Registration No: | New Address: |

Facility Information

Facility Contact Information

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|--------------|--|------------|--|----------------|--|--|--|--|-------------|--|--------------|--|------------|---|---------------------|--|--|--|---------------------|--|--|--|--|--|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Name</td><td colspan="4"></td></tr> <tr><td>Address</td><td colspan="4"></td></tr> <tr><td>City</td><td></td><td>State</td><td></td><td>Zip</td></tr> </table> | Name | | | | | Address | | | | | City | | State | | Zip | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Contact Name</td><td colspan="3"></td></tr> <tr><td>Phone Number</td><td colspan="3"></td></tr> <tr><td>Email Address to receive waiver</td><td colspan="3"></td></tr> </table> | Contact Name | | | | Phone Number | | | | Email Address to receive waiver | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | State | | Zip | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address to receive waiver | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Equipment Purchase Information

Use Description (Select All That Apply)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|------------|--|------------------------|--|--|--|--|-------------|--|--------------|--|------------|---------------------|--|--------------|--|--|---|---------------------------------|---|---|----------------------------------|---------------------------------------|-------------------------------------|-----------------------------------|---|--------------------------------|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Company Name</td><td colspan="4"></td></tr> <tr><td>Company Address</td><td colspan="4"></td></tr> <tr><td>City</td><td></td><td>State</td><td></td><td>Zip</td></tr> <tr><td>MANUFACTURER</td><td></td><td>MODEL</td><td colspan="2"></td></tr> </table> | Company Name | | | | | Company Address | | | | | City | | State | | Zip | MANUFACTURER | | MODEL | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Office</td> <td><input type="checkbox"/> Multiple Offices</td> <td><input type="checkbox"/> Mobile Vehicle</td> </tr> <tr> <td><input type="checkbox"/> Schools</td> <td><input type="checkbox"/> Nursing Home</td> <td><input type="checkbox"/> Veterinary</td> </tr> <tr> <td><input type="checkbox"/> Hospital</td> <td><input type="checkbox"/> Surgery Center</td> <td><input type="checkbox"/> Other</td> </tr> </table> | <input type="checkbox"/> Office | <input type="checkbox"/> Multiple Offices | <input type="checkbox"/> Mobile Vehicle | <input type="checkbox"/> Schools | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Veterinary | <input type="checkbox"/> Hospital | <input type="checkbox"/> Surgery Center | <input type="checkbox"/> Other |
| Company Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | State | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANUFACTURER | | MODEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Office | <input type="checkbox"/> Multiple Offices | <input type="checkbox"/> Mobile Vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Veterinary | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Surgery Center | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Unit Security to Prevent Unauthorized Use (During Office Hours / Storage)

- Locked Case Locked Cabinet Locked Office Password Protected Remove Battery between Use
- Other

Operators of DHH equipment will be provided with the following

- Whole Body Lead Apron Individual Monitoring Device to be worn at collar (outside apron)
- Other (if applicable)

Personnel Dosimeter (Required for All DHH equipment)

| | | | |
|---------------------------|----------------|--------------|------------|
| Dosimetry Provider | Address | State | Zip |
|---------------------------|----------------|--------------|------------|

Should a waiver be granted, I agree to comply with the conditions of use. I understand the agency may rescind a granted waiver if conditions are not met and I may no longer be able to own or use DHH equipment in North Carolina. I also understand DHH Waiver request and any granted waivers are equipment and location specific. Granted waivers are not transferrable to another person, registrant, or address.

Signature of Most Responsible Person

Date