Radiology Compliance Branch
RADIATION PROTECTION SECTION

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

Hand-Held Dental X-ray Waiver Request

Registrants (or potential registrants) planning to utilize hand-held dental X-ray units for clinical use must receive an approval for Rule waivers from the Radiation Protection Section prior to use of the unit. **Waivers will be granted only for the use of dental intraoral units deemed acceptable by the North Carolina Radiation Protection Section.** The following must be included with this form for consideration for approval:

1. A description of your planned use for this unit (This can be completed below)
2. Procedures to prevent unauthorized use of the unit. (This can be completed below)
3. A copy of your written radiation safety program.

Waiver Application Email Address

Facility Information:

Facility Name	Registration #	Registration Status†	
Location Street Address	**City**	**State**	**Zip**

Contact Name	Phone Number	Email Address

†Please select registration status: Initial (never registered) Existing (currently registered)

Equipment Information:

X-ray Equipment Manufacturer	Model Number	Use Description†

†Use description-Single Dental Office, Multiple Dental Offices, Veterinary Dental, or Forensics

Describe your planned use of the machine:

Describe how the machine will be secured when not in use:

Operator Protection (Select each protective device you will use)

☐ Personnel Dosimeter (Required for Hand-Held)

Dosimetry Company Name

☐ Lead Apron

☐ Mobile Barrier

☐ Other (Describe Below)

Operator Protection

Describe safety procedures for use :

Conditions for Registration:

Use of hand-held x-ray equipment may require approved waivers from RPS Rules. A Hand-Held X-ray Equipment Waiver Request must be submitted prior to use of this equipment. Your agency will be issued an approval letter and conditional registration if your application is approved. The conditions for registration will be outlined in the approval letter. The registration may be terminated if the registrant does not comply with the conditions for registration. You should expect a response from RPS on your request within two weeks of our receipt of your application.

I have reviewed the Hand-Held Dental X-ray Waiver Guide and agree to comply with the registration conditions that will be outlined in the approval letter. I understand that the registration may be terminated if I fail to meet the conditions for registration.

_____

Signature of Most Responsible Person Date

_____

Signature of Radiation Safety Officer Date

Scanned applications may be submitted by email to xraynors@dhhs.nc.gov