

MAINE RADIATION CONTROL PROGRAM

Request for Radiation Shielding Assessment Waiver

Per section F.3.B of Maine Rules Relating to Radiation Protection: Shielding Requirements and Plan Review: *(1) Prior to initial operation, the floor plans and equipment arrangement of all new installations, or modifications of existing installations, utilizing x-rays for diagnostic or therapeutic purposes shall be submitted to the Agency. The required information is denoted in Appendices A and B of this part.*

There are circumstances, however, that make this requirement overly burdensome and one that does not substantially enhance radiation safety at a facility. If such circumstances are documented and attested to by the facility's RSO (if he or she has sufficient technical knowledge of the unit and radiation safety) then the requirement for a radiation shielding plan will be waived.

Waiver must be submitted with registration application and fees PRIOR to using Machine

Facility: _____ Facility State ID #: _____ Date Submitted: _____

X-Ray Room ID: _____ # of Units to be installed: _____
(an online registration application must be submitted for each unit to be installed)

If Requested by Maine Certified Radiological Physicist:

The facility above has provided me with sufficient information including x-ray unit type, specific location of unit, technique factors typically used, office configuration, and patient imaging work load to determine that a radiation shielding assessment prior to use is not warranted for the above replacement unit.

Comments: _____

Physicist Signature: _____ Date: __/__/____

Physicist Printed Name: _____

If Requested by Facility Radiation Safety Officer: All conditions must be met. *(Check if YES)*

- The unit being installed is the same machine type (see HHE-05 chart) as the one being replaced
- The unit being installed will produce similar or less radiation in peripheral occupied areas than the one it is replacing. (If you do not have sufficient knowledge of the unit to attest to this, then you will need to have a Maine certified radiological physicist complete the above section of this form.)
- There has been no office reconfiguration since the last radiation shielding assessment
- Patient imaging work load has not increased more than 10% since the last radiation shielding assessment.

Radiation Safety Officer Signature: _____ Date: __/__/____

Radiation Safety Officer Printed Name: _____

Please direct any questions or comments to the X-Ray Section of Maine's Radiation Control Program at: radiation.dhhs@maine.gov or (207) 287-5676 or fax (207) 287-3059

Please email the completed form back to the X-ray staff person who sent it to you, or upload it with the registration application(s) or mail it to: Radiation Control Program
X-Ray Section
286 Water Street, 3rd Floor
11 State House Station
Augusta, ME 04333-0011