May 1, 2012

To: Registrants Already Qualified for an Aribex Hand-Held Dental Unit Exemption

From: David Howe, Section Manager- Radiation Protection Services (RPS)

Subject: Modification of Exemption Conditions [Oregon Administrative Rule (OAR) 333-106-0325(9)(b)]

Our records indicate you have an existing exemption to use an Aribex Hand-Held Dental X-Ray Unit for general dentistry purposes or for temporary dental care locations that will be in operation for greater than seven (7) days per year (see attached).

Based upon a recent RPS review, current Aribex exemption conditions have been modified. As such, you are eligible to amend your current exemption conditions by agreeing and adhering to the revised conditions listed below.

By meeting these new conditions, your operators will ultimately not be required to wear personal dosimetry and will be exempt from wearing a protective whole body apron and thyroid collar when using the Aribex Hand-Held Dental X-ray Unit.

You can amend your Aribex Hand-Held unit exemption by signing, dating, and returning this letter to Radiation Protection Services. By doing so, you acknowledge and agree to the revised conditions.

Revised Exemption Conditions:

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 RPS request).
2. For the first 12 months from date of first use after the exemption is granted, each operator shall wear a whole body apron and thyroid collar of .25 mm lead equivalent, and personal dosimetry (whole body and ring).[Note: Registrants will receive credit for any time earned from their original exemption toward the 12-month requirement of this modified Exemption].
3. RPS shall conduct an annual inspection, 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 exempted 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 worker 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’ 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, 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 patient may be in the room during the X-ray exposure except as described in paragraph 8 below.

8. If ancillary staff (non-occupationally exposed) or parents/legal guardians/caregivers are required to assist with special needs patients, they must not be positioned in the path of the useful beam and must be protected by wearing a whole body apron with thyroid collar of .25 lead equivalent and leaded gloves as appropriate.

9. 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.

10. Only E/F, F or digitally acquired imaging receptors may be used.

11. Registrants must provide for security and safe storage while the unit is not in use.

By signing this "Modification of Exemption Conditions" form I attest that 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 took effect on October 1, 2011. If approved, this exemption amendment 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

Submit this signed form to: Oregon Health Authority (OHA)- Radiation Protection Services (RPS)
800 NE Oregon St.- Ste 640, Portland, OR 97232

________________________
Oregon Health Authority
Radiation Protection Services ACTION
(for Agency Use only)

Approved__  Denied__  Reviewers Signature________________________  Review Date____

Reason for denial:___________________________________________________________

________________________   ______________________
Radiation Protection Services Manager                     Date