

MARYLAND DEPARTMENT OF THE ENVIROMENT

Radiological Health Program

1800 Washington Boulevard, Baltimore MD 21230

(410) 537-3193

The following is a list of conditions placed on the facility for the request to own and operate the handheld dental radiation machine as part of the facility's registration:

1. Each individual operating the device must complete the manufacturer's training and submit the training certificates to the Department. The records will be maintained by the Radiation Machines Division (RMD) as part of the facility registration.
2. When registering the device, the facility must indicate to the RMD that the intended manner of use is for handheld operation.
3. The device shall be locked up after use and a description of where and how the device will be stored must be provided to the Department.
4. The device must be in lock down (Safety) mode when it is not active so that exposures can not be taken.
5. The device used shall have a **permanently mounted non-removable shield** in order to protect the operator from backscatter.
6. Only those persons licensed to operate radiographic equipment in the State of Maryland are permitted to make exposures using this device.
7. The operator must wear a whole body dosimeter when taking an exposure at all times.
8. The device will be allowed in dental offices under the specific condition in which it is not possible or is not safe to attempt to expose a radiograph using a wall mounted or portable stand mounted x-ray machine.
9. The device will be not be allowed in a school environment except for diagnostic use after an authorized practitioner's oral examination of a patient and finding of clinical indication for device use.
10. ALARA practices will be in place during use.
11. The RMD reserves the right to perform an unannounced audit to ensure that the handheld dental device is correctly being utilized.
12. If the device is missing or stolen, the facility must report this to the RMD.

The facility attests that these conditions will be implemented and followed.

Print Name of Owner

Date

Signature of Facility Owner

Registration Number

Name of Facility: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____