



**HAND-HELD DENTAL EQUIPMENT EXEMPTION REQUEST FORM**

Prior to purchase and/or acquisition of Hand-held Dental equipment, facilities (to include Veterinary) must obtain from the Department an exemption to South Carolina Regulation 61-64, X-rays (Title B) RHB 1.2.7 and RHB 4.2.13.3.

**Facility Information:**

Facility Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Facility Contact:**

Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Will the unit be used at multiple offices?\*** \_\_\_\_\_

***\*Please note that an exemption approval is required for each office at which the hand-held unit will be utilized.***

**If yes, please list the name, registration number and address for each location:**

Registration #	Facility Name	Facility Address

**Please indicate the location, with registration #, at which the unit will be registered:**

\_\_\_\_\_

**Radiation Safety Officer (RSO)**

Name and Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**List all operators of this unit at this facility:**

<b>Operator Name</b>	<b>Date of Manufacturer's Training</b>	<b>Operator Name</b>	<b>Date of Manufacturer's Training</b>

**Equipment Manufacturer, Model #, and Serial # to be purchased and/or acquired:**

**Sales Vendor:**

Company Name: \_\_\_\_\_ Registration number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Contact name and title: \_\_\_\_\_

E-mail: \_\_\_\_\_

***By my signature, I certify that the above referenced x-ray facility will adhere to all applicable sections of South Carolina Regulation 61-64, X-rays (Title B) to include RHB 4.6.4 Hand-held Intraoral Equipment.***

**Signature of RSO:** \_\_\_\_\_

***This request cannot be processed without the signature of the RSO.***

**Printed name of RSO:** \_\_\_\_\_

**Please Return To:**

**S.C. Department of Health and Environmental Control  
Bureau of Radiological Health  
X-ray Facility Registration 2600 Bull Street  
Columbia, SC 29201  
(803) 545-4400 FAX (803) 545-4412**

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUREAU OF RADIOLOGICAL HEALTH  
HAND-HELD DENTAL EQUIPMENT EXEMPTION REQUEST FORM**

**PURPOSE:** This form is for the exemption request for the use of Hand-held Dental equipment. Any facility planning to purchase and/or acquire a hand-held dental unit shall apply for and receive approval prior to the purchase and/or acquisition of the unit.

**ITEM BY ITEM INSTRUCTIONS:**

Facility Name – This refers to the person or company planning to install the x-ray producing machine.

Registration # - Registration # previously assigned to the facility by the Department.

Location Address – Give the address where the machine will be physically located.

Mailing address – Give the mailing address if different from the location address.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

E-mail – Self-explanatory.

Facility Contact Name and title – The person responsible for the submission of this request.

Mailing Address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

E-mail – Self-explanatory.

Will this unit be used at multiple offices? If so complete, chart with appropriate information for each facility at which the unit will be used.

Indicate the location at which this unit will be registered with the Department.

Radiation Safety Officer (RSO) – Give the name of the person who will be responsible for radiation protection at the facility.

Mailing Address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

E-mail – Self-explanatory.

Operators of this unit at the facility - Give the name and date of the manufacturer's training of each operator.

Equipment – Indicate the manufacturer, model # and serial # of unit to be purchased and/or acquired.

Sales Vendor company name – Self-explanatory.

Registration # - SC registration # of sales vendor.

Mailing address – Self-explanatory.

Phone Number – Self-explanatory.

Fax Number – Self-explanatory.

Contact name and title – Contact person name and title for Sales vendor.

E-mail – Self-explanatory.

Signature of RSO – Must be signed by the RSO.

Printed name of RSO – Must be legibly printed.

**OFFICE MECHANICS AND FILING:**

When the exemption request forms are received, stamp the form and all attachments with the date received. After review and approval, the form and all attachments are placed into the registrant's file, and the exemption approval is returned to the registrant for their records. The retention schedule series for this form is 11908- X-Ray Files. These forms are maintained in facility files and purged 3 years after the termination of the facility.