

Variance Request to use the NOMAD Handheld X-ray

To: Gene Miskin, Director
Bureau of Radiological Health
New York City Department of Health
Two Lafayette Street, 11th Floor
New York, NY 10007

Phone: (212)676-1552

Facility Name:

Address:

Registration No:

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This is a facility registration number; if this is the facility's first x-ray device, the facility may not yet have this number and this field will be left blank. The registration number will be returned by the Bureau of Radiological Health - New York City Department of Health at a later time.

Manufacture / Model:

I am an oral healthcare professional practicing in New York City and have found that I can improve the quality of care that I provide for my patients if I were able to utilize the NOMAD Handheld X-ray. I am therefore requesting a conditional variance from Sections 16.53(a)(7) and 16.53(b)(3) of Part 16 of the New York State Sanitary Code. I confirm that the following conditions will be met when the x-ray unit is operated:

1. The NOMAD will be operated by authorized personnel who have been trained in the operation of the device.
 2. Any personnel operating the NOMAD must have their exposure to radiation monitored.
 3. The NOMAD is only operated with the scatter shield in place.
 4. When not in use the NOMAD is secured to prevent inadvertent exposures or use by unauthorized personnel.
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I agree to the above conditions for use of the NOMAD.

Signature (facility operator)

Date

Print Name