

Veterinarian 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 a veterinary 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 10 NYCRR 16.54 (b) (1) (iv) Codes, Rules and Regulations of the State of New York and 175.65 (b) (1) (iv) of the Rules of the City of New York - Title 24 - Department of Health and Mental Hygiene requiring the operator to stand at least two (2) m (6 ft) from the animal patient and the x-ray tube.

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. Whenever the Zone of Occupancy is compromised by positioning, the operator will wear personal protection (i.e.; lead vest).
 5. 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