Information Notice Number 10 (revised December 1997)

For Florida Radiation Machine Registrants

Department of Health, Bureau of Radiation Control

RADIATION PROTECTION PROGRAM FOR BONE DENSITOMETRY

The Florida Administrative Code requires radiation machine registrants to develop, document and implement a radiation protection program (RPP). A properly developed and implemented RPP can minimize unnecessary radiation exposure to employees and the general public, help prevent either group from exceeding their legal limits on exposure to radiation, and document such an effort has been made by the registrant. The RPP requirement can be satisfied in one of the following two ways:

I. Pre-approved Radiation Protection Program:Bone Densitometry (see attachment).

The requirements for an RPP will have been met if:

- a) the conditions at the registrant's facility satisfy line items 1 through 8,
- b) the name of the person responsible for the radiation protection program is entered in line item 9,
- c) the dates the plan is in effect [Note: a plan is valid at most for one calendar year, it must be reviewed and dated in January of every year, see line item 6] i.e., the current month through December of the current year are entered in line item 10,
- d) the facility name and x-ray machine registration number are entered at the bottom,
- e) and the form is signed and dated by the responsible party.

This plan does NOT have to be submitted for approval by the Radiation Machine Program office.

II. Self-developed Radiation Protection Program.

The registrant may develop an RPP to fit their specific situation. The provisions of this RPP should address all requirements in the Florida Administrative Code. Self-developed programs MUST be submitted to the program office for review. Previously reviewed self-developed radiation protection program do not need to be resubmitted for review unless changes are made.

If you have questions or need guidance, please contact this office at:

Department of Health Bureau of Radiation Control, Radiation Machine Section 4052 Bald Cypress Way, Bin C21, Tallahassee, FL 32399-1741 Phone: (850) 245-4888 Fax: (850) 617-6442 www.myFloridaEH.com/radiation

PRE-APPROVED RADIATION PROTECTION PROGRAM BONE DENSITOMETRY

Note: Radiation Protection Programs are used to minimize unnecessary exposure to employees and the general public and help prevent either group from exceeding their legal limits on exposure to radiation. This program has been developed by the Bureau of Radiation Control to assist registrants in meeting Florida Administrative Code requirements. If this program is used, it does not need to be submitted for review.

The signature below attests this registrant has evaluated the following provisions and agrees they accurately describe the conditions present. All staff members involved in making radiographic exposures will be made aware of these provisions and held accountable for them.

- The machine will be used according to manufacturer instructions and will not be modified. 1.
- 2. The manufacturer's operating, maintenance and safety procedures are available and are followed.
- 3. The machine will be operated minimally at the distance required by the manufacturer.
- 4. Members of the general public will be prevented from coming within a one meter distance of the machine or as recommended by the manufacturer, whichever is greater.
- Patients are not held during scans. 5.
- The radiation protection program will be evaluated annually during the month of January for accuracy. An 6. attached sheet will be used to document this review. Each review will include a date of review and the signature of the reviewer.
- 7. The radiation protection program will be re-evaluated when changes occur that could affect dose.
- 8. All radiation protection program(s) will be kept on file until the registration is terminated.
- 9. is responsible for radiation protection.
- 10. The above provisions are true from _ through December of (Year)

(Month/Year)

JR

X-ray Machine Registration Number

Signature of Person Responsible for Above Program

Facility Name (print or type)

Date Signed