Reduced Radiation Hazard/Better Rad Safety Practices—Extension for Next Qualified Expert Inspection

Per 19 CSR 20-10.050(1) Facilities that utilize radiation-producing machines must be surveyed periodically by a DHSS-approved Qualified Expert in Radiation Safety (QE), based on the classification of radiation hazards (types of x-ray machines) utilized by the facility, as well as the associated hazard posed to the patients, the facility staff, and the general public.

The Missouri Radiation Control Program (MRCP) informally permits facilities (following their initial QE inspection) to apply for an extension of the normal inspection period if they provide evidence that a facility poses a clearly lower radiation hazard than the routine classification. To facilitate making this process easier for a given facility to apply, certain common markers of reduced radiation hazards/better radiation safety have been identified.

Following an initial QE inspection graded TC0/1 (no concerns or suggestions only), a facility may request an extension if they can document they meet at least two (2) of the markers below. If granted, the extension will be as follows (from current \(\rightarrow\) extension):

- **Class A**: 1 year \(\rightarrow\) 2 years (24 months) from the most recent inspection
- **Class B**: 2 years \(\rightarrow\) 3 years (36 months) from the most recent inspection
- **Class C**: 4 years \(\rightarrow\) 6 years (72 months) from the most recent inspection
- **Class D**: 6 years \(\rightarrow\) 8 years (96 months) from the most recent inspection

**Markers of reduced radiation hazards (Must meet at least two [2] for extension):**

- Ongoing dosimetry (radiation badge) program (acceptable to MRCP) for all personnel occupationally exposed.
- For medical (non-industrial) imaging, exclusive use of digital image processing (CR or DR).
- All exposures are made by ARRT registered Radiographic Technologists, trainees in JCERT-approved training programs (or the equivalent) under supervision, or board-eligible radiologists (by formal written facility policy).
- Formal Preventative Maintenance (PM) arrangement with manufacturer representatives of x-ray and image processing equipment acceptable to MRCP (at least annual service; arrangement must be in writing).
- Formal radiation safety committee with routine meetings, and/or ongoing Quality Assurance program (acceptable to MRCP) focused on reducing unnecessary exposure and/or optimizing exam/treatment quality. (Documentation must be provided).
- Very Low workload. Documentation of fewer than 300 exams/year [25/month] for medical or veterinarian facilities, 300 exposures/year non-medical/industrial. (Documentation of workload must be provided).
- For Veterinary facilities ONLY, assurance (by formal written facility policy) that only a licensed veterinarian is allowed in the controlled area (no staff other than DVM in the x-ray room while x-rays are being taken.)

\(\Rightarrow\)**Evidence/documentation of compliance with the above markers must be attached to this request form.**

**Caveats:** (A) This Extension, when granted, will only impact the MRCP regulatory inspection period. It will NOT supersede any other requirements set by OSHA, accrediting bodies, insurance companies, CMS, FDA, etc. (B) Extensions are NOT permitted for certain facilities: mammography facilities, facilities with a QE survey requiring corrective actions (Graded TC2/3), facilities performing radiation therapy. (C) Adding additional x-ray rooms or permanent relocation of fixed x-ray machines require a new inspection.

Facility Name: ____________________________________________ MRCP Facility Registration Number: __________

**Attestation Statement to apply for the extension:**

As the owner/primary user of the radiation equipment registered to the facility name and number noted above, I attest to the accuracy of the above statements and the attached documentation.

Owner/Admin Name (printed): _______________________________ Title:_______________________________

Signature of Owner/Admin: _________________________________ Date: ______________________________

Fax this form and associated documentation to our office at 573-751-6158, or scan and e-mail to MRCP@health.mo.gov

If you have any questions or need additional information, please contact our office via email or by phone at 573-751-6083.