**A: GENERAL INFORMATION**

**Licence No:** …………………………………………… **Reference No:** ……………………………………….

**Name & Address of Licence Holder:** ……………………………………………………………………....

……………………………………………………………………….

……………...…………………………………………………………

**Tel No:** ….…………………………… **Fax No:** ……………………………. **E-mail:** ………………………………

**Number of X-ray Units:**

|  |  |  |
| --- | --- | --- |
| **Intra-oral** | **Pan/Ceph** | **Other** |
|  |  |  |

**Number of operators in each category:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dentists** | **Specialists** | **Dental Therapists** | **Radiographers** | **Oral Hygienists** |
|  |  |  |  |  |

**Have the operators been monitored in the past?**  **YES / NO**

1. **If applicable, are the TLD dose records of the operators for the previous six months attached?** **YES / NO**

**B: DECLARATION**

|  |  |
| --- | --- |
| 1. I, as responsible person/ licence holder hereby apply for exemption from personal monitoring of the   operators as listed in section C below. | |
| 1. I hereby confirm that the requirements as listed below, are being adhered to:   2.1 Operators position themselves at least two meters from the primary x-ray beam or behind a  protective barrier during the course of exposures.  2.2 Where a single room houses more than one piece of equipment, only one unit is used at  any one time, and the unit in question is specifically designed for either ordinary intra-oral  radiography or for panoramic / cephalometry radiography.   * 1. Physical support is not normally rendered to patients during an exposure. In the event of such   support being necessary, the person involved always wears a lead apron. | |
| **Name:** | **Signature:** |
| **Designation:** | **Date:** |

**C: OPERATORS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**For office use only**

|  |  |
| --- | --- |
| In terms of the information supplied above and the signed declaration, EXEMPTION IS GRANTED / NOT GRANTED | |
| Name: | Signature: |
| Designation: | Date: |
| Date of last inspection: | Inspector code: |