

Topic	State Responses	Meeting Date	Cross Reference
Regarding temporary use of hand held XRF and dental, mobile c-arms and radiographic, does your State: 1. Allow for loan of a system from a vendor to a registrant/licensee, or from one registrant/licensee to another? 2. Have specific rules for notification to your agency or written approval? 3. Require verification that the system is functioning properly when received for temporary use?	WI - 30 days temp TN - full fee!! DE - reciprocity NC - 5 day notification MD - registration HI - notification possible inspection ID - 180 days in state with no registration requirements, notification required FL - full registration and notification	2019 06	Hand Held Devices, Dental, Fluoroscopy, Industrial
For Private Practice Facilities, namely ENT clinics, have your inspectors encountered the use of c-arms for barium swallows?	AR - no nurses operating MI - no!! BC - no DE - request for approval from rehab hospital 1st time for that TX - yes, received approval using RT and practitioner	2019 06	Fluoroscopy
Has any State as yet approved Xoran xCAT IQ CBCT? What concerns have you had in regard to compliance with your state regulations?	ID - no AR - No, has not approved the use due to the qualifications of the operator and lack of operator protection Many of the states have not been contacted for approval of this.	2019 06	CBCT
During routine X-ray compliance inspections, have your inspectors noted personnel on the EDE (Webster) dosimetry method even if not performing fluoroscopy.	No discussion	2019 06	Dosimetry
Registration of vendors	TX registers will different types of providers AR register including different type of providers ID registers vendors with different types of providers, a "qualified expert" must be approved by the state.!! MD register with different types of providers	2019 06	Registration
Michelin Retread Technologies (MRT) x-ray machine A mini c-arm used to image tires to determine if they are eligible to be retread or not. Mainly used for large tires such as those on semi-trucks. <a href="https://www.michelintruck.com/tires-and-retreads/retreads/michelinretread-technologies/">https://www.michelintruck.com/tires-and-retreads/retreads/michelinretread-technologies/</a> Hover over the #2 and a video will pop up. 1. Have any states seen this device? 2. Did they allow it to be registered/used in their state? If so, did they make any additional requirements?	Allow with training WI - manufacturers training CA FL ID - Idaho's basic radiation safety course: <a href="http://healthandwelfare.idaho.gov/portals/_rainbow/TmgModules/RCPmodule/">http://healthandwelfare.idaho.gov/portals/_rainbow/TmgModules/RCPmodule/</a> IL NC SC NJ	2019 08	Industrial
We have a situation that has arisen here in Virginia regarding the interpretation of a C-arm vs Lateral Fluoroscope and the testing requirements. I would like feed back on units used in Angiography and Catheterization Labs. Are these units routinely tested as c-arm or lateral fluoroscope? The problem is that a tech set up the c-arm for normal use and it was only set up at 15 cm.	AZ - By definition, lateral c-arms are locked in position. Tubes are inspected as separate tubes MA - has 2 sets of regulations regarding distance MS - tested at 15 cm AAPM - Per Melissa the lateral fluoroscope should be tested at 30 cm	2019 08	Fluoroscopy
Has anyone come across hand held fluoro?	NH and NC has seen fluoro for industrial use. These are used for pipe lines and by bomb squads. FL has had issues with the type of classifications. NH determined the rate was very low.	2019 08	Hand Held Devices, Fluoroscopy, Industrial
Are aprons required for hand held dental x-rays? Many states required dosimetry and lead aprons for hand held devices.	MD, TN doesn't require aprons but does require dosimetry. KS, SC, NH requires no aprons but does require dosimetry. NV requires an apron and dosimetry. CA doesn't require an apron for the Nomad only. ID requires dosimetry for a year but they can request a waiver after submitting a year of dosimetry reports. Anything goes in AZ and WI.	2019 08	Dental, Shielding
How are states handling the gonadal shielding recommendations from AAPM. ACR and FDA are also on board. Jennifer Elee gave a background of the recommendations.	Rebecca Marsh stated that almost every state has a law that states no shielding is needed if it interferes with the exam. Many states haven't had a lot of questions about this. There are some large health institutions that are looking to change their procedures. WI stated their facilities can request a variance as does CA. TX said it will be an issue of how to have a conversation with the patient since this has been a perceived standard for so long. Some states are planning on changing their regulations to take the AAPM recommendation into account. It was noted during the discussion that CRCPD's Suggested State Regulations (SSR) Part F does not specifically require the use of patient gonadal or fetal shielding. Comments/feedback on the recommendations can be sent to cares@aapm.org. FAQs are expected to be finalized this fall.	2019 09	Shielding
Arizona mentioned an issue with timers on certain Corix dental units.	When the company was contacted they were told the issue is caused by preheating and it was suggested they use an internal voltmeter. It was noted that the Piranha waveform charts shows a slow ramp-up in the preheat mode. Discussion included that there is a gradual ramp up of current that takes 200-300 msec and that most images are done before the preheat is complete. The slow ramp up makes it difficult to adjust the meter like we do with the Genex units. Reviewing the manual is recommended.	2019 09	Dental
North Carolina asked what training was required for the use of global marine device (MK3).	Training for industrial applications varies between the states. The bare minimum is training in the use of the specific model being used.	2019 09	Industrial
New Hampshire asked for opinions on a 1991 Continental xray/ fluoroscopic unit. It can be used as a conventional x-ray unit, or in a fluoroscopic mode (after folding up the cassette holder). The 1991 Continental x-ray/fluoroscopic unit is a very old 19 machine. Geff Lau mentioned that he did not inspect this unit, but his predecessors did. The inspector told him that the unit is a radiographic/fluoroscopic (R/F) unit. If we are talking about the same Continental x-ray/fluoroscopic unit as New Hampshire, the FDA had a recall on it. The machine also had an interlocking mechanism that you need to lower the fixed metal diaphragm in order to collimate the fluoroscopic x-ray beam to the size of the image intensifier. If you use fluoroscopy without the fixed metal diaphragm in the x-ray beam, it would cause the x-ray field to be larger than the image intensifier. Some inspectors call this "blow through" radiation." This machine interlocking mechanism would be faulty at times and let you fluoroscopic with or without diaphragm in the x-ray beam. Therefore, the Continental x-ray had an FDA recall.		2019 10	Medical, Fluoroscopy, FDA
There was also a conversation about digital motion x-ray (DMX). The DMX is a c-arm type fluoroscopic x-ray unit. The patient and the operator are in the same room separated by a leaded barrier. Hawaii tested the machine like a fluoroscopic unit. The chiropractor who used it wanted the fluoroscopic unit because he wanted to see the patient's range of motion in the neck region. We required the facility to get an area radiation survey to determine if the operator position was safe. Area survey was done, and it was determined that the operator position was safe behind the leaded barrier. This might not be a good representation of an area radiation survey for this fluoroscopic unit since the facility did not use the machine so much.		2019 10	Medical, Fluoroscopy, Dosimetry, Shielding
The differences between the Unfors DXR+ ( <a href="https://www.raysafe.com/products/xray-test-equipment/raysafe-dxr">https://www.raysafe.com/products/xray-test-equipment/raysafe-dxr</a> ) and the Visi-X ( <a href="https://rtigroup.com/products/productdetail/visi-x">https://rtigroup.com/products/productdetail/visi-x</a> ) collimator test tools were discussed. Most states prefer the DXR because of cost, size and ease of use. The Visi-X comes in a large carrycase, high exposure needed and requires almost total darkness to see the fluorescence.		2019 10	Machine Testing
Alabama asked if the states have come across the Mobius Brain Lab Mobile CT ( <a href="https://www.mobiusimaging.com/">https://www.mobiusimaging.com/</a> ).	Few states have seen this but there is concern that there is less shielding than in fixed CT units.	2019 10	CT
Colorado asked if any states had a requirement for a provisional certificate for mammographers in training.	FL, HI, TX and WI require all students be supervised. The general consensus is a registered technologist may work on their own after the initial 25 supervised mammography exams. Several states, AZ, FL, HI, NE + more require a mammographer to sit for the ARRT mammography test.	2019 10	Mammography
A university is looking at a program where a researcher will be building/assembling an accelerator/radiation machine for non-human use. No radioactive material will be created during use. Have other states approved facilities to build a radiation machine for research purposes. Did the researcher have to register as a "service company" or similar entity since he/she will be assembling the unit? Are there any similar instances in your state and if so which state?	Colorado has a researcher wants to assemble an accelerator and they are not sure how they should be licensed as vendor or researcher. NC has some that have nonhuman or human use. They have a guidance doc as long as in testing phase. After that they need to register. Hawaii has a researcher with an electron laser that have listed as a radiation facility license with conditions. Idaho has a classification of license that covers universities which allows for research. SC also does the same thing.	2019 11	Research, Therapy
For the SRT skin therapies, what training is required for the dermatologists to be an authorized user? Do you specially list them on the registration or license? And do you require them to be physically on-site during treatment, or can an APRN or PA cover for them?	NC, AL, HI and ID currently have no specific rules for SRT but still have to be registered under the general rules for radiation. SC requires a licensed practitioner and must be trained on the unit being used. VA wrote an exemption for this type of machine that is specific for a certain manufacturer that required training of practitioner and retraining annually. OH requires radiation oncologist. FL follows manufacturers recommendations.	2019 11	Therapy
Virginia would like to know if other states are seeing non FDA approved hand-held dental x-ray units that are originating outside the U.S?	AZ, PA and ID have but it's been awhile. HI use some from a Korean brand. The FDA would like these products reported to them.	2019 11	Hand held, Dental
KS asked about proton therapy and how some of the states regulate this.	Melissa and others have been working on a white paper regarding proton therapy. Per Melissa, it is generally determined by the facility RSO.	2019 11	Therapy
AL asked about bone density projects at kinesiology programs.	AZ has other facilities that want to use it for body composition. These are generally not accepted because they are considered screening.	2019 11	DEXA
What are the states using to determine location of the focal spot to determine SID? The FDA's routine compliance testing for above table x-ray source for radiographic systems, dated 04/1/2000 states 1/4 the way up the housing and cap from the x-ray beam exit side. Some inspectors and physicists use 1/3 the way up the housing and cap from the x-ray beam exit side.	Many of the states use 1/3 of the way up. MN, NC, HI use 1/4 theway up as per the FDA's routine compliance testing protocol. It was agreed that the most important aspect is consistency.	2019 12	Machine Testing
How do other states regulate the disposal of x-ray machines	NH, TX, LA require notification of disposal removal of labels and are referred to the EPA for disposal. Owners of pre-1980's machines are informed of the PCB concerns associated with the older units. In HI x-ray units that are unable to make an x-ray it is not considered an xray machine. MN, AZ and ID require the owner remove the ability to power on. SC and TX require them to keep it registered but inoperable. NH requires them to reregister the unit if it is easily repaired. In PA, an operable unit that is not in use the owner has to register. Registration is based on possession not usage.	2019 12	Disposal

Have inspectors been seeing issues with Konica Aero DR plates? Specifically, over-exposures, inconsistent EI, and AEC gain calibration problems, especially with retrofitted type equipment. A recent facility was told to use a lower kVp for lumbar spine (70 kV) and chest x-rays as well. This certainly raises the ESE in the AEC.	PA has seen a lot of concerns with these units. ID, SC, HI haven't not seen these.	2019 12	Digital Imaging
A year or 2 ago Hologic Insight 2 and Insight FD mini c-arms were continuing to image after letting off the fluoro pedal. They are disabling the continuous on function for these units.		2019 12	Fluoroscopy
There was a discussion regarding dental management companies are leasing the equipment to practices in several states in Aspen Dental. Who is responsible for licensing/registering the x-ray equipment?	AZ has a combination of both lessor and lessee. In some instances, no one wants to take responsibility.	2019 12	Dental, Registration
It was asked if any states have had issues with SkinCure who leases equipment to dermatologists. They are not following through on training procedures said they would.	No one has had any experience with them.	2019 12	Therapy
Minnesota has some questions based on SSRCR recommendation regarding Part F Section F.3. iv. Facilities Using Computed Radiography (CR) or Direct Digital Radiography (DDR) states in (3) Facilities other than dental, podiatric and veterinary, shall quarterly complete phantom image evaluation using a phantom approved by a QMP [QE] system manufacturer, or the Agency. The analysis at a minimum shall include: artifacts, spatial resolution, contrast/noise, workstation monitors, and exposure indicator constancy. Does your state require the use of a phantom when performing quality control on a CR or DDR system? It is our understanding that most manufacturers do not provide a phantom for artifacts, spatial resolution, contrast/noise, and exposure indicator constancy nor a SMPTE or TG -18 test pattern for the workstation monitors.	SC, ID, and AZ require for CT only. TX does require QC but a phantom is not required in most cases. They can use any object that has at least 3 densities and must use the same object every time. IL, NE, and PA only class D ie hospitals. a. If the answer is yes: What does your state consider a workstation? Is this the review workstation where images are interpreted? What if the interpretations are performed off-site? Is this the acquisition workstation at the operators position or scanner? IL, LA, ID, does not check monitors. b. Has your state completed a cost vs benefit analysis to having each registrant purchase a phantom and SMPTE pattern? Nobody has done this. TX requires QA/QC for everything, but it doesn't necessarily need to be an actual phantom. c. In place of the SSRCR recommendations, does your state require the registrant/licensee to follow manufacturer recommendations for CR and DDR systems, and workstations? PA, SC, TX, ID, and NH manufacturers recommendation or QMP. MN had a discussion regarding phantom because there is no consistency. A lot if systems do not have phantoms. Dave AAPM said the consensus is that it is not practical to set up a universal QC program. Community argued it would cost prohibitive.	2019 12	Digital Imaging
Pennsylvania would like to know if your state registers/licenses electron microscopes. Is so, have you seen any issues with leakage?	HI, NH, CA, WA, VA, NV, NC, SC, (WI registers but no fee after 1 year). No problems have been found. AK, IL, MN, ID, TX, AZ (exemption) does not register/license.	2020 01	Registration
California had a question from a medical physicist recently who asked about the following: There is a company, XRay LLC, that is selling a unit-specific filter called Rayshield/CVP-2 for mobile c-arms. They claim to greatly reduce dose yet maintain image quality: <a href="https://rayshieldllc.com/">https://rayshieldllc.com/</a> Has anyone seen or experienced the Rayshield?	None of the state have seen this device.	2020 01	Shielding
Minnesota recently passed statute to allow for security screening of humans who are in the custody of a correctional or detention facility and are currently drafting proposed rules for security screening of humans with x-ray systems and operations. One item that has been brought up is scanning of employees for training purposes. Minnesota had a discussion during an Advisory Meeting that there is currently only one state that does not allow employees to be scanned as a part of training on security screening x-ray systems.	a. States that allow security screening on humans, allow for staff to be screened as a part of training on security screening x-ray systems? NO - AZ, WI, SC, UT, PA, CA, HI, ID, MO, NC, YES - NH seems to be the only state that allows it. b. Is this different than what you allow for medical staff training on diagnostic x-ray systems? NO for most states, YES for NH c. If different, what was your justification to allow staff to be screened as a part of training on security screening x-ray systems? Unknown d. States that are developing regulations for the use of security screening on humans have discussed allowing for staff to be screened as a part of training on security screening x-ray systems? AZ, WI, VA, NC, MN, PA, ID (has adopted the SSRs as regulation) The last section of Part H of the SSRs addresses security scanners used on people.	2020 01	Security Whole Body Scanners
Has anyone heard of the micro C-Arm handheld fluoroscopic unit?	None of the states have but here is a link to it: <a href="https://www.microimaging.com/">https://www.microimaging.com/</a>	2020 01	Fluoroscopy, Hand Held Devices
Is there some kind of centralized clearinghouse for X-ray (all devices) Manuals, specifically for QC?	AK looks at manuals on site but no one has heard of anything like this	2020 01	
NH wanted to know if some states have lower HVL regulations for veterinary equipment.	HI, TX, WA, WI and KS has different requirements for testing vet equip does, 2.3 mm @ 80 kVp MN, ID holds to same standards.	2020 01	Machine Testing, Veterinary
Medical Physicist from Ohio was asking about the language for unintended deviation recording requirement and if it includes patient notification.	WI, ID lumps everything into misadministration	2020 01	Medical Events
Any states running across CV techs run fluoroscopy.	Not supposed to CA, OH, FL, HI (tech can only move fluoroscope) Allowed MN, ID.	2020 01	Fluoroscopy, Operator
Do other states have entrance exposure limits for radiographic exams using digital imaging systems if not, what are their policies for patient exposure limits, if any?	NO - NH, WI, HI, AZ, ID, CA, WA asks that digital stay below 500/800 AP lumbar, AEC record post mAs. YES - TX limit is same if film/screen or digital chest is 30 mR (old NEXT survey), SC, OH, PA, NC,	2020 02	Digital Imaging, Medical, Machine Testing
What test tools do others use to check fluoroscopy collimation?	No testing AZ, CA, NC, Unfors DXR ruler - WA C-Arm only Glow Screen - WI on C-Arm only Slide Assembly Grid - ID	2020 02	Fluoroscopy, Machine Testing
For external beam therapy units < 150 kV in dermatology offices, who is allowed to operate these?	Only licensed dermatologist with training can operate unit in CA, SC, TX, and IL PA can operate the machine with training MN, ID, NC does not have a specific regulation HI - Certified Radiation Therapists or physicians licensed to practice medicine. The licensee shall utilize the services of a physician who is board-certified in radiology, therapeutic radiology, or radiation oncology, to determine proper patient selection and treatment planning.	2020 02	Therapy
Regarding the use of full body scanner in juvenile correction centers	IA, SC, WI requires a variance for adults no screening of minors is allowed MN allows screening of adults only NH prisoners must be scanned when returning from offsite in some manner, the use of full body scanning only applies to state prisons and the dose is restricted to 25 mrem/year HI prohibits the use of full body scanning IA requires a variance for any use SC CA and ID have nothing that addresses full body scanning.	2020 02	Security Whole Body Scanners
When testing the older diagnostics x-ray machines with digital imaging plates, do other states notice problems with reproducibility since the older machines have harder times being set at lower time settings? HI notices this especially in the dental diagnostic x-ray testing especially on Genex 770 units. The machines are not accurate at lower time setting since they were not built that way. E.g. setting at 3-6 pulses or a time setting at .1 seconds or less.	WA will check it at 44 pulses as set by FDA. They do not have a lot of failures at the higher setting. AZ doesn't test reproducibility. The manufacturer of their meter doesn't guarantee accuracy under .02 sec TX only tests ESE at office settings, test kVp accuracy and repro at higher settings IL, ID haven't noticed any problems MN and NC follow NEXT CA only test for film and make recommendations based on NEXT	2020 02	Medical, Machine Testing, Digital Imaging
XRF golden types training? Type of x-ray unit used by bomb squads or in forensics.	ID has a basic radiation safety class online + unit specific WI - unit specific by machine manufacturer NH can accept FBI training for bomb squad, accepts manufacturers training for others and safety refreshers, TLDs etc. They also test these with ion chamber in integrated mode.	2020 02	Industrial
Do other states survey Thermo Niton units?	Yes - NH, ID, NC surveys during use with a Fluke 451, HI does the same and looks at paperwork, ie training records, AZ checks to see if the proximity sensor turned on or off CA just looks at documentation.	2020 02	Industrial, Machine Testing
Industrial vs cabinet - what is considered the transition to heavy dose monitoring	CA uses FDA approval (CFRs 1020.40) based on type and size of part that can fit in there AZ, IL, TX, HI and WA have enclosed and open beam and analytical vs. radiography NC follows ANSI standards ID only regulates industrial as having a radiation producing device.	2020 02	Industrial, Dosimetry
Regarding proton therapy, what states have it, how is it regulated and inspected?	TX, AZ, CA and NJ rules don't address them specifically, look at QA/QC CA does see a problem with the activation of the shielding material. They question how and where is it stored? NH, ID - none	2020 03	Therapy
Has anyone dealt with Indian tribes where they claim federal emption then say they are following the state rules and the rules don't match up? As per credentials for technicians, AK has facilities claiming federal exemption but then want to say they are going by state rules. Is there a federal ruling that says which rules they must follow.	MN deals with VA clinics and Indian Health Services doing this. Most states are not allowed to register or inspect federal facilities What rules states that a federal facility is exempt from state rules. NC has a document that defines Indian Health Services vs Tribal Health Services (see attached document). THS not federal so should be under state regulations but they won't let the state come in. Is military exempt from MQSA? Jennifer stated that the VA voluntarily follows MQSA regulations.	2020 03	Jurisdiction
Does your state require personnel monitoring devices be turned into the company for reading on a specific frequency? For direct-read dosimeters (ie. Instadose) does your state require them to be read according to manufacturer's recommendations?	CA, NH has industrial timeline only monthly WI at least quarterly unless it is high then it needs to be monthly. ID at least quarterly HI none CA has a physician that has exceeded annual limit the last year or two, facility won't remove him from radiation area. Melissa questioned whether this was a badge reading or an actual dose. It was suggested that he should double badge, with on under the apron, receive additional fluoroscopy training and the facility provide an acrylic	2020 03	Dosimetry
EOS Imaging system (whole body low dose 3D imaging at childrens' hospitals) who has it, how is it regulated and inspected. Also used in coroners' offices	NC, CA has no standards except for general requirements, however they have noticed operators are very well trained. CA does require registered technologists, nothing specific to this unit. Generally treated like a regular x-ray unit.	2020 03	Medical
Have other states received requests from equipment manufacturers for waivers from physicist testing, for emergency equipment being supplied by the manufacturers, prior to use? And, have there been any other technical issues resulting from the COVID-19 outbreak?	Jennifer Elee is on a committee that is putting together guidance for this. PA hasn't gotten any requests put does have a form on the website. CA has a blanket waiver for 2 months after MN is going to the governor's office to get some sort of approval. NE does a case by case basis. NC is requiring documentation and will check it during inspections.	2020 04	Machine Testing, COVID
How are states handling nurse practitioners and physician assistant use of X-ray machines?	KS requires continuing education but also has a huge loophole AZ, HI, PA, MN, WI - NPs cannot operate x-ray machines period PA can if they have had training. CA allows PA to use fluoro if they are licensed and working under a licensed doctor, NPs are not allowed SC depends on the scope of practice and they must have unit training	2020 04	Operator

How are states handling non-certified personnel assisting operation of x-ray equipment during COVID, please? California requires technologists to be certified to operate x-ray, but I see a push to allow non-techs (nursing) to operate the equipment in hopes of reducing exposure of virus. California had this come up with Ebola and it will be back for this crisis.	NJ had a proposal (from a neighboring state) to allow the nurse to place the imaging detector behind the patient for a chest x-ray but only a licensed RT can position for an exam. MN wants to have nurses set everything up and have the tech make the exposure, but they need approval to do so from the governor to do that so it is a legislative issue. NC is non-licensure, they had a request for the nurse to place the detector and tech take the x-ray through the window. Since there is no licensure law they can't prevent it.	2020 04	COVID, Operator
For those states that only allow RTTs (registered therapists) to run the linac for clinical care, is there a way to get some sort of emergency exemption or quick change to allow medical physicists to operate the machines if/when RTTs are not available, or if clinics must reduce the number of staff in the clinic at any given time?	Cindy Tomlinson mentioned that most physicists wouldn't be comfortable doing so as it is not within their scope of practice. Medical physicists, dosimetrists and radiation oncologists can standby to provide assistance to therapists, especially locums. CA governor put out order that people with expired permits or permits from out of state can be used.	2020 04	Operator, Therapy
AAPM is sending a letter today (3/24/2020) to Ruth McBurney asking for distribution to the States about requesting an exemption to some of the state mandated calendar intervals for physics testing and calibrations due to the inability of many physicists not getting access to the equipment in the normal timely manner due to the Corona Virus.	There is a document regarding this issue in the works for this document. Mary Ann has submitted the paperwork.	2020 04	COVID, Machine Testing
SC Siemens engineers are working on remote control CT scanners where the tech doesn't have to be in the building to run the scanner. The engineers are saying that this is "global". NC has a dentist that controls a CBCT unit at different offices there is always someone who is trained for positioning and able to shut it off.		2020 04	CT, Operator
Lisa from CA has a request from Dexocwin to do chest x-rays with a handheld unit. They have filed an extension with FDA for approval.	MN has talked about them. Most states have said no because it hasn't been approved by the FDA.	2020 04	Hand Held Devices, FDA, Medical
How do states handle medical physicist assistants? Regarding both radiology and therapy, Kathleen was asked to see if any states have regulations on medical physicist assistants.	NJ, TX does have regulations regarding MPAs. Link to the Texas Licensed Medical Physicists Rules: <a href="https://statutes.capitol.texas.gov/Docs/OC/pdf/OC.602.pdf">https://statutes.capitol.texas.gov/Docs/OC/pdf/OC.602.pdf</a> . The section about assistants can be found here: <a href="https://txreg.sos.state.tx.us/public/readacSext.TacPage?sl=R&amp;app=9&amp;p_dir=&amp;p_rloc=&amp;p_tloc=&amp;p_ploc=&amp;p_pg=1&amp;p_toc=&amp;tr=228apt9&amp;ch=1608&amp;r=17">https://txreg.sos.state.tx.us/public/readacSext.TacPage?sl=R&amp;app=9&amp;p_dir=&amp;p_rloc=&amp;p_tloc=&amp;p_ploc=&amp;p_pg=1&amp;p_toc=&amp;tr=228apt9&amp;ch=1608&amp;r=17</a> NE, WI, regulations say it has to be a physicist HI - regulations say "All surveys, audits, reports, and other work performed by a health physics service or medical physics service for licensed facilities shall be reviewed and signed by a qualified health physicist or a qualified medical physicist, respectively." NO - ID, ME (allows for survey technicians), MN has regulations in the works that state an MPA will have to be supervised and have an attestation from a physicist.	2020 05	Machine Testing
What do the states have in mind for resuming inspections once the stay at home bans start to lift? It would be very helpful to look at different aspects so each of us has a good plan in place when we start inspecting again.	UT - continued to inspect. Inspectors have a mask, prescreening questionnaire to fill out every morning. Dentists have been closed so it has been very convenient to inspect them. CA - starting a remote inspection process. When returning they will be tracked by health department, questionnaires before and after with a follow-up after 14 days. ID- We are opening back up in stages. We may begin scheduling work travel and training in stage 3 as long as there are no more than 10 to 50 people gathered and physical distancing along with other protective measures are in place. If all goes well that will be May 30-June 12. In Stage 4 (June 13-26), we can travel and participate in training as needed (again if criteria is met, and we do not have ongoing transmission of COVID-19). Gatherings, both public and private with more than 50 people can reopen where appropriate physical distancing and precautionary measures are observed. NJ, HI - Have to wait until the governor allows them to move forward.	2020 05	COVID
Do any of the states have a limit to the number of Registrations and/or sites that one RSO can serve? This refers to chains such as Aspen Dental and Banfield Veterinary Clinics.	NO - ID, SC, NE, NJ, HI TX and NC have had issues with chains regarding radiation safety. ID chains would be addressed as a group. We haven't had any issues with these groups. CA may address as a group, but it would address as an individual if they were going against company policy.	2020 05	Registration, Dental, Veterinary
SC is updating their regulations and including full-body scanners. Do other states have regulations on this?	Yes - NH NO - PA, NJ, ID, Most states refer to ANSI Standards	2020 05	Security Whole Body Scanners
What do the states have in mind for resuming inspections once the stay at home bans start to lift? It would be very helpful to look at different aspects so each of us has a good plan in place when we start inspecting again.	Idaho will resume inspection when they reach stage 4 on June 13, VA, FL have procedures and have resumed inspections some procedures. Procedures include temp. checks, no patients present, no health centers or prisons and masks for inspectors. TX and IL are doing MQSA. TX recommended States contact FDA to ask them to lift the order for that state for MQSA access. MO is doing a proposal that would allow for a remote type of MQSA inspection. TX is avoiding hospitals and cancer treatment center. WI has concerns about what the facilities will require for entry. MN will most likely perform our higher risk inspections (CT, Fluoro) onsite and lower risk inspections will likely be	2020 06	COVID
Has any state seen the AirTouch Handheld Portable Unit that has received FDA approval? It is being introduced as a quick way to perform chest x-rays during the COVID-19 virus. From the Medgadget web site: Aspenstate announced that it has received FDA clearance for the AirTouch, a lightweight portable X-ray system that could be particularly useful for quickly obtaining chest X-rays of COVID-19 patients. The handheld device weighs in at 5.5 pounds (2.5 kg) and resembles a large digital camera with a touchscreen. AirTouch acquires images with the push of a button and can wirelessly transmit them to PACS (clinical image storage system), without the need for a computer. Its battery charges within two hours and can capture up to 300 exposures per charge. Its portability has already made it useful in drive-through screening centers in South Korea, according to the company. Here is a link to a YouTube video of this unit: <a href="https://youtu.be/HldUT12xug">https://youtu.be/HldUT12xug</a>	NO - WI, CA, NV, IL, HI, FL, NJ, ID, PA YES - TX had a similar unit and they did not approve it for CXR. Melissa hasn't seen or heard of it. She hasn't seen anything mentioned in any of the physicist groups she follows.	2020 06	Hand Held Devices, Medical, FDA
What states have approved the Dexocwin DX 3000 Dental Hand-Held Unit? If they have approved use of this unit, are they aware of the FDA warning letter dated 2/20/18? How would your state handle this situation if you have not been aware of the letter (e.g. still all use of unit, not let it be use). The warning letter is attached.	Notify owner of machine they must cease use until the problem is resolved. CA lets them use it because it is still technically approved. ID has not seen this machine in the state. SC found the warning letter while doing research on the Cocon.	2020 06	Hand Held Devices, Dental, FDA
Which offices are open? Most states are having employees work from home. Many have been reassigned to "covid duties".	HI is available for questions but no inspections and 50% of the employees are working from home. WI, NC, FL, CA report some staff reassigned to COVID duties, otherwise remotely working. ID is working remote and had an earthquake in March to keep it interesting. With hurricane season coming, what more will 2020 throw at us?	2020 06	COVID
IL wonders has anyone had regulations revamped to incorporate digital technology?	WI, SC, ID manufacturers' guidelines FL currently has legislation in the works on digital units.	2020 06	Digital Imaging
What do the states have in mind for resuming inspections as the stay at home bans start to lift? It would be very helpful to look at different aspects so each of us has a good plan in place when we start inspecting again.	ID has resumed normal inspections. We don't generally go to hospitals or any other facility that has an annual physicist survey. We just review the reports and confirm any issues were addressed. We have been provided with masks, hand sanitizer and sanitizing wipes for our equipment. NH resumed normal x-ray inspections (low transmissions) no hospital no urgent care - remote inspections only. They send a list to have everything they need to look at sent to them ahead of time. The facility staff operate the x-ray equipment. Gloves, mask and sanitizer is available for staff. Staff has been screened. Also screened at the office. Facilities can refuse onsite inspections for now if they have had no problems in the past. LA the same, had a facility cancel because they had a covid outbreak. If a facility still has mammo closed how to should it be handled? AR - has a mammo facility that is not allowing visitors and it ok if they let FDA know and document. The FDA will handle these on a case by case basis. NC some facilities are calling back and letting them know that they can't come in due to issues. MN is still working remotely. They send lists, responses and schedule phone review. They are doing phone inspections where they ask the same type of questions during inspections, i.e. calibration reports, no visual review of records and interview no one other than person conducting phone review.	2020 07	COVID
SC has a couple of questions: For states that have minimum requirements for physics testing for different equipment types (i.e., radiographic, fluoroscopic, dental, etc.), do you have minimum requirements for CBCT or Dental CT units? If so, what are the requirements?	ID - follow the CRCPD SSRs AZ - amended their rules to just have their physics survey required after installation. HI - initial testing and biannually thereafter WI- Manufacturer's recommendations PA requires performance evaluation within 30 days after install and no more than 14 months apart after and after any changes in major components. Any specific tests required? PA requires the tests are what is required by the physicist except for collimation since there are no national standards.	2020 07	CBCT, Dental, Machine Testing
By regulation, does your state require the use of lead aprons on patients? If so, is it specific for facility types (ex. Dental, Medical, Orthopedic)? Are there any states considering removing the patient lead apron requirements?	Will be removing for patients-- WI, LA going with AAPM, YES requires -- MN, NJ (debating whether or not to remove it) PA if gonads are in beam unless interfering, NC , NO - ID follows the CRCPD SSRs On August 10 Melissa Martin will be meeting with director of radiologic sciences programs in CA to discuss changes in curriculum to reflect the changes to the usage of gonadal shielding. *Note AAPM recommendations only apply to gonads	2020 07	Shielding
Where are the states at regarding reopening and performing inspections?	AK, WI, CA -- remote inspections NC, LA, NH -- mix of both AR, SC Limited inspections i.e. no urgent cares, hospitals, factories or correctional facilities KS, UT, ID on site HI only MQSA, only on Oahu, and any complaint driven inspections WA and IA are doing MQSA only	2020 08	COVID

Arkansas is needing to purchase new x-ray testing equipment. What test equipment is other states using and have they been pleased with the equipment performance and dealing with the manufacturer when it comes to calibrations and repairs?	ID, NC, WI, NH uses RTI, Piranha Red or Black. The Piranhas can have problems with HVL accuracy. HI has some Piranhas but prefers the new RadCal Unit, CA has RadCal AccuGold and AccuPro and has purchased the Cobia. The Accu-Gold is preferred by both states. PA – has been using the Radcal AccuGold for more than eight years. It has been very reliable except for user issues such as an inspector dropping the detector onto the floor due to the attached cable i.e. off of a dental counter top or from a pan image receptor onto the floor (tape failure). Calibrations take a month due to shipping and turn-around. The Radcal people have been great to deal with and always return e-mails. We are in the beginning phase of looking into replacing the units due to the age. TX uses Unfors X2 Melissa uses the RadCal Accu-Gold and appreciates the portability and ease of interaction with Excel. For collimation NH uses XR plus by RaySafe. Idaho uses RTI's Visi-X but it isn't the best. You need almost complete darkness to use it. None of the states on the call uses the Fluke solo unit	2020 08	Machine Testing
CA wants to know about disinfecting equipment	NH uses masks, and alcohol wipes for equipment they also put their equipment in Ziploc bags. No gloves but frequent hand cleaning. Also has cleaning wipes for the vehicles. RE: MQSA inspections LA, SC has had some issues with large facilities. ID has had no problems getting into any facilities. TX has everyone put all the paperwork in a room with a phone with a contact in another room with a phone.	2020 08	COVID
Where are the states at regarding reopening and performing inspections?	WI still not doing inspections – more covid cases. CA not doing inspections in person. NJ out doing inspections. ID business as usual. FL business as usual unless businesses preventing them. HI limited in in-person inspections. PA like NJ and HI, get prior approval to do inspections. SC same as NJ, HI, and PA.	2020 10	COVID
The state of Illinois is interested to know the following information related to the regulation/inspection of bone density units.	WI, operator training and calibration done, NJ QA test performed, copy of manufacturers specs, quality control tests, records maintained for 1 year, CA make sure to get accurate weight and height, positioning devices available, QC test, NC require documentation signage, scatter survey, so does ID; SC requires operators to be at least 1m away from unit. For those states that inspect ID units what if any are the regulatory issues that you have observed? NJ, failure to sign acknowledgement of reviewing QA manual; NC, operators lack appropriate training, "on the side" operators that haven't been trained; FL, not appropriately trained; HI, no sign of policy/procedures annually. Some states have noted that sites are using the units for body composition testing. For those states that license x-ray technologists, are there any that exempt bone density operators from licensure? WI, yes; AR, yes; IA, limited permit for densitometry only.	2020 10	DEXA
AK would like to know if others are having a difficult time with adding or correcting their state regulations or administrative code. It seems there is no support from management or others in the Agency to submit the paperwork drafted in Admin code to change fees or to do enforcement type regulation through legislative statute changes. Curious how others have done so in the past and what problems they had to overcome.	NJ does an update every 3-4 yrs. FI runs into problems every once in a while, but hard to get regulations changed. ID updated 2015 and the regulations directly tie to CRCPD suggested state regulations, so every time they change so does Idaho's.	2020 10	Regulations
What type of operator requirements do states have surrounding Cath Labs. There seems to be a practice in these labs for RN's to be operating the fluoroscopy table and pedal under physician supervision.	IL, operator requirements – they run into this all the time, and facilities are cited, so does AR, FI, SC and in HI. AR does have limited specialty license that limited techs can go through for certification. WI, under licensing. Dr. has authority under his license to have anyone he wants to step on the pedal under his direct supervision. CA, anyone can move, or manipulate equipment/pt. if beam isn't on.	2020 10	Fluoroscopy, Operator
VA wanted to know how the states are handling LINAC installations in veterinary facilities.	WI and IL does regulate them and have a couple in the state. For all vet applications – states are more concerned about operator protection, shielding appropriate, physicist involved; FI has a similar situation, most volunteered to be under accelerator license.	2020 10	Therapy, Veterinary
AR wanted to know if anyone has heard of screening protocol called peripheral quantitative CT assess bone mineral density. Does anybody know anything about it?	There is one in NC, used for research. These are like tiny CT units for extremity use. They are used for research and usually found in kinesiology/exercise science departments. Here is a link: <a href="https://www.galileo-training.com/us-english/products/p7/vct-2000l.html">https://www.galileo-training.com/us-english/products/p7/vct-2000l.html</a>	2020 10	CT, Research
Are there any updates or issues at the state level regarding the AAPM position on discontinuing of gonadal shielding?	Training modules to go out are geared towards technologist training, and will be on the AAPM website. Melissa would like to add them to the CRCPD website, but it was indicated that the CRCPD board would have to approve the posting of the link. The board was waiting on additional information to make a motion—waiting on the NCRP statement. Status of NCRP statement is not known. Ruth McBurney states it is believed it has gone out for council review but will check on the status. Discussion about waiting, as the FDA may pull gonadal shielding recommendations. Melissa states the FDA has it present as a recommendation not a regulation. NCRP is also just a recommendation. Melissa stated it was likely FDA was going to rescind the guidance. Modules, however, are not anticipated to be ready until March. No other updates to report.	2020 11	Shielding
Has anyone encountered the new type of stand-up CT units (see attachments). It is used in ortho clinics to perform weight bearing studies. It has about 5 protocols and is limited in the types of exams it can perform. Some states require a CT scanner operator to be registered through ARRT in CT. However, there has been some question regarding this unit because obtaining the registry would not be possible for a tech in training, on this type of unit, due to the limited capability and the exam requirements to obtain the ARRT registry in CT. Are any of you familiar with this unit and who do you allow to operate?	Alabama – has 1 in use—requires operators to be trained in safe use of equip, no state licensing required for operators. North Carolina – 2 units present – same as AL, look for "training" Iowa – has 1 in use—requires ARRT license. They qualify as CT unit, so they require ARRT. Don't allow limited techs. Melissa asks what type of documentation qualifies as "trained" – Alabama has the facility complete a checklist and interviews the operator. No requirements as to the specifics of the training—usually originates from the manufacturer.	2020 11	CT
New Hampshire updated their HVL table in 2015 to match the SSRCR, and the FDA's HVL table from 2006 (all non-intraoral machines made after 2006 must have minimum 2.9 mm Al at 80 kVp). Our update also applied to veterinary, whereas the FDA's did not; so now we're bumping into machines made between 2006 and 2015, which meet the standard we had until 2015, but don't meet the current standard. How have other states that raised their veterinary HVL standards to the current SSRCR dealt with that?	There was no feedback regarding this issue from other states. New Hampshire states in a basic review it appeared approx. half the states have different requirements for veterinary versus human use diagnostic regarding HVL, but they have the same for both, and are reaching out to see what the requirements are in other states.	2020 11	Machine Testing
Wisconsin (Bill)—has any state approved the handheld radiography unit. He received an email from a company that wants to use it as a portable device on humans. He states he believes it's the Dexcowin unit and that it resembles the Nomad's used in dental. Ryu is the company contact individual requesting approval.	Ryu is the company contact individual requesting approval. North Carolina (Regina) states she has worked with Mr. Ryu and she currently does not allow use of that unit. Louisiana had denied the unit as well as Texas, and Iowa. Alabama has the Dexcowin approved for dental, have not approved the Dexcowin unit ABX 6000 for medical and veterinary at this time. California would consider an exemption only on case by case basis from user, not the vendor, but has not received any requests at this time.	2020 11	Dental, Hand Held Devices
Chrissy from South Carolina—revising regulations wondering if any states have QA for digital radiographic systems in their regulations.	Follow Manufacturer recommendations was stated multiple times. Melissa – AAPM states follow the manufactures QA program procedures with the manufacturer provided phantom or equivalent phantom. California has had instances where users are not aware of the need to have a phantom. This often comes up with CBCT.	2020 11	Digital Imaging
Bill Wisconsin reached out—could a physicist come up with tests that are standardized across manufacturers for his/her regular clients.	Missisa questioned the phantom that would be used for different manufacturers. CRCPD is hoping to have physicists get some standardized QA/QC guidance out.	2020 11	Machine Testing
Which states require dosimetry badges for low dose radiation producing machines i.e. all dental units (intraoral, pano, CBCT units, hand-held) and industrial units (cabinet x-rays, hand-helds)? Do any of these states offer dosimetry exemptions? If so what is their application process?	NH, CA, and HI all follow the 10% rule and require documentation of how they remain under that dose when inspected (6-12 month badge records, medical physicist report). FL doesn't require badges unless there is a possibility of greater than 10% exposure. However, they do require badges for hand held dental units. AZ originally required them for hand held units but doesn't anymore. AZ, NE and WA do not require badges for dental facilities. CO asked if there were any states where a dental facility reported a large dose on a badge. CA had a case where the badge was left in the sun when not in use but there have been no reports of legitimate high dose readings in the dental environment.	2020 12	Dosimetry, Dental, Industrial
How many states allow "dual view" human security screening scanners in their state? South Carolina has a proposal from Adani to bring the Compass DV into SC; however, SC has not allowed DV units into the state because of the increased dose.	AZ and NW allow these types of units to scan inmates. WI takes them into consideration on a case by case basis. FL adopted ANSI dose limits. Their law states that the benefit must outweigh the risk. I.E. the risk of contraband being brought into a facility by an inmate.	2020 12	Security Whole Body Scanners
Which states regulate vendors? How are they regulated? What problems have you had with vendors?	ID registers vendors but there is no fee to do so. This includes physicists, but they are also asked if they would like to be put on a list of qualified experts that is sent to facilities needing physicist services. NH, AZ, HI and NE regulate vendors. HI considers anyone doing business involving X-ray a vendor. FL has a separate database for physicists. WI has no regulations on this. AZ asked if states get a lot calls from vendors asking for Form 2579. Many states do but refer them to the FDA. Several states have reported problems with vendors selling handheld units without submitting report of installation to their respective states.	2020 12	Registration
Are there any states that maintain a database of the ESEs and if so what types of exams are maintained (dental, medical could include chest, KUB, foot, lumbar, cervical, fluoro, CT,)? Are these measurements obtained from state inspector reports and/or medical physicist measurements?	NH has a database on dental x-rays base on machine setting in office or machine presets. PA has CT and spine exposure data that they compare to previous inspections. UT collects data from several different types of exams	2020 12	Machine Testing
NH asks do other states have regulations on apron use for dental x-rays?	CA requires apron use. Many of the other states are working towards removing apron use requirements for patients based largely on the AAPM statement regarding lead apron use for patients.	2020 12	Dental, Shielding

<p>a. For those states who register vendors/service providers; do they also register companies who only offer disposal (such as e-waste recyclers, junk dealers, scrappers, etc.)</p> <p>b. Do other states restrict who can dispose of x-ray equipment, or how x-ray equipment can be disposed of?</p>	<p>a. Yes – NC registers if they have their own x-ray equipment No – WA, SC, ID, FL, AZ, UT, NJ Most states just use some type of disposal form or other written correspondence when equipment is disposed of. ID requires a change of information form to remove it from their license.</p> <p>b. NE department of environment and energy handles x-ray unit disposals. NJ has them make sure it is disconnected and contact municipality. If the unit is older than 1980 makes sure the old oil is gone</p>	2021 01	Registration, Disposal, Jurisdiction
<p>If your state requires fluoroscopic patient exposure recording or tracking, do you apply this to mini C-arms as well?</p>	<p>No – WI, NC no documentation requirement ID Yes – AZ (no distinction), CA just started but has been asked for a mini c-arm exemption. AR for longer procedures, they require them to record fluoro times CO have them in patient record but the facility has to have a fluoro guidance committee tasked to monitor &amp; use the least amount of radiation. ID requires documentation in the patient's record per section F of the suggested state regulations. As a side note, the ACR's dose index registry for fluoroscopy is live. Please click on this link for more information: <a href="https://www.acr.org/Practice-Management-Quality-Informatics/Quality-Care-News/Newsletter/Quality-and-Safety-eNews-September-2020/New-Modules">https://www.acr.org/Practice-Management-Quality-Informatics/Quality-Care-News/Newsletter/Quality-and-Safety-eNews-September-2020/New-Modules</a> There are several hyperlinks that can take the reader to additional pages and information.</p>	2021 01	Fluoroscopy
<p>What survey instruments (manufacturer and model) is other states using to perform scatter measurements during x-ray inspections and are they pleased with the equipment?</p>	<p>Fluke 451 – ID, WI, CA, WA, NE, HI RaySafe 452 - FL, NJ, SC will be purchasing soon Ludlum 9D P1 AZ, NH (cheaper, better features) WI may sometimes use an MDH also</p>	2021 01	Dosimetry
<p>The AAPM would like to know how many states have x-ray machine registrations that specify a category of equipment (i.e. Rad, fluoroscopic, CT, mammo, etc.) and if so, whether those records are publicly available. This information would be used in support of the diagnostic physics work force study that AAPM is developing.</p>	<p>YES – IL, IA, ID, WA, NE, WI, NO- FL based on who is operating the unit</p>	2021 01	Registration
<p>NJ DOH would like to know what other states regulations say regarding tanning maintenance schedule (after a tan is developed).</p>	<p>No regs – ID, CO Yes – NC, SC, AZ, WI once every 24 hrs. HI (not regulated by radiation control program)</p>	2021 01	Regulations
<p>Does any other state have Fertility clinics that use C-arms for HSG's (hysterosalpingograms)? What are they finding?</p>	<p>YES – ID (no problems) LA (very quick, &lt; minute fluoro time) AZ, CA doesn't make distinctions on studies</p>	2021 01	Fluoroscopy
<p>PA would like to know what states, if any, are conducting MQSA inspections and if FDA MQSA inspectors are doing onsite inspections.</p>	<p>Onsite – ID, UT, FL, NJ, VT, AR, HI, NE, VA NO- WI, KS, AK CA – One county is doing MQSA SC will do onsite if they pass covid testing *Note- MQSA inspections MUST be onsite. There was a discussion about modifying FDA contracts for mammography. Not all states will need to do a modification. Many states are caught up on mammography while some are still not inspecting.</p>	2021 02	COVID, Mammography
<p>Also, what states are doing onsite x-ray inspections?</p>	<p>WI, AK are doing remote inspections VA, UT, ID, NJ, NE, AR, HI Avoiding urgent cares and hospitals NC, NH are doing a mix of remote and onsite testing. It depends on inspector and facility. NC is doing a mix of remote and onsite inspections as well. VA has been able to get completely caught up on all mammography and x-ray inspections.</p>	2021 02	COVID
<p>Do any state have explicit regulations for cyberknife, tomotherapy, halcyon, or if any guidance on the MR training component of an MR-linac or MR-cobalt?</p>	<p>NO - WI, ID, YES FL requires manufacturer training. HI has gamma knife but they are a nonagreement state, so it is regulated by the NRC CA had a problem with a medical physicist operating a cyber knife.</p>	2021 02	Therapy
<p>SC how many states are seeing electronic brachy therapy units</p>	<p>WI, FL, NJ, SC</p>	2021 02	Therapy, Shielding
<p>What are the criteria for states to go back to regular inspections? When the inspectors get vaccinated? Or when the general population gets vaccinated? Or when the pandemic is over, and the number of people hospitalized with COVID goes down?</p>	<p>ID has been going out since last July. Masks and distancing are utilized. Inspectors were offered the vaccine, but all declined. CA is based on infection rate of each county, most inspectors getting/have gotten vaccine AL started in July 2020, guidelines are to keep distance, mask in MQSA facility, covid screening every week VA has been doing routine inspections since last June. NJ no restrictions or parameters, no testing NC inspections as normal since May and June of last year, PPE on employees, some inspections done remotely, all inspectors getting vaccines NE Started back in August, only go in facilities that general public are allowed. If COVID positive, wait two weeks AK has no travel budget until June so that prevents inspections IL started back at end of June, push inspection back 6 months if facilities can't have inspection HI is doing limited inspections, PPE and social distancing are required, inspectors are getting the vaccine.</p>	2021 03	COVID
<p>Regarding QC on DR or CR units, what are states doing? The manufactures that have been talked to state they recommend having the phantom to do the QC testing.</p>	<p>NE seeing phantoms that don't measure what the states require so they require facilities to buy a new phantom (\$1,000 - \$3,000 each) NH, ID Doesn't inspect DR or CR for QC NC requires use of phantom for CBCT testing, installer may be using different phantom than what manufacturer requires for routine QC PA requires facilities to do quarterly QC testing on CR/DR QMP sets baseline, facility does testing thereafter</p>	2021 03	Digital Imaging
<p>The handheld "Micro-C" fluoroscope has just been approved for sale by the FDA. Are any states where there's a clear path forward to just throw it into use, or is a waiver process indicated?</p>	<p>WA, WI, AL requires variant ID will need approval AL, NC grants exemptions but must test it SC, NH require waivers *This unit received it's \$150K one month ago.</p>	2021 03	Fluoroscopy, Hand Held Devices
<p>In our regulations (Nebraska), we have a regulation stating, "Portable or mobile x-ray equipment must be used only for examinations where it is not feasible to transfer the patient or patients to a stationary x-ray installation." I noticed some states have this rule and others do not. My question is, how do other states define "feasible"? Why does it matter if it is stationary or mobile/portable machine? Is it the quality of images? Occupational or Public dose limits too high? What are the reasons behind the rule in other states? The states that do not have this rule, why not?</p>	<p>AL If the machine is mobile, no plan, if being used as fixed than a plan does have to be submitted and approved HI and ID as well WA requires exposure button to be mounted and be behind lead barrier of some sort KS has dealt with this recently, terminology and regulations state "impractical", legal said that "impractical" means that patient can't be transferred to fixed unit IA, NC exact same situation, wording is "impractical" in their code, some procedures just can't be performed with mobile units due to machine output.</p>	2021 03	Portable/Mobile Devices
<p>Have any states found c-arms used in chiropractic facilities? If so, do you require specific training/education for the chiropractor? Does the chiropractor operate the unit?</p>	<p>NB fluoro training required for c-arm, requires the chiropractor to be in room as fluoro is going. CA specific fluoro permit requires additional training, allows standing orders for tech to operate without doctor in room HI, NB, ID chiropractors can use fluoro and interpret it</p>	2021 03	Fluoroscopy
<p>How many states license qualified medical physicist? If you do license them, do you have a shortage of qualified medical physicists, and why?</p>	<p>ID, WI, UT does not license, but asked to register, also provide list of qualified experts and such NB must be registered with state and meet certain criteria, no shortage Per Melissa, there are only 4 states that license QMPs (TX, NY, FL, HI) everyone else uses a registration process but PA and MA are in the process of trying to get CA requires for mammo and therapy but nothing else VA has approval process, apply, credentials, yearly update, no shortage HI asking because there seems to be a shortage of qualified medical physicists there due to the hospital residency requirement. However, the statement of a hospital residency being required is not true. AAPM definition of QMP is same as CRCPD.</p>	2021 03	Physicist
<p>What is everyone seeing with the use of the Instadose personnel dosimeters?</p>	<p>ID uses these themselves. They went to Instadose after TLDs were lost in the mail. NH has seen that they aren't getting read on a regular basis but noticed there is no control badge. WI notes that the control is built into the badge software, so a control is not needed per the manufacturer. SC requires a document that states it is to be done monthly or quarterly. It takes some work to get the data you need. NC mentioned users can also get a mobile app to read theses on a phone. The problem was some users were checking every day so the reports were not accurate. The best way to handle this is to turn that function off. At Melissa's hospital they are read monthly only. The major problem found is that it may take up to 6 months to import past badge history.</p>	2021 03	Dosimetry
<p>What are the criteria for states to go back to regular inspections? When the inspectors get vaccinated? Or when the general population gets vaccinated? Or when the pandemic is over, and the number of people hospitalized with COVID goes down?</p>	<p>Most states are using PPE and avoiding certain types of facilities. MN is back to doing inspections. FL is back to full speed. CA will start weekly testing of inspectors soon as they are just going back.</p>	2021 04	COVID
<p>Do any states have reproducibility requirements for dental I/Os that are different from a coefficient of variation of 0.05 across a series of exposures, or that are conditioned on other criteria? NH is asking because they have regulations that addresses the power source the unit is hooked up to.</p>	<p>ID, FL and most of the states use coefficient of variation VA, WI allows up to 10% variation</p>	2021 04	Dental, Machine Testing
<p>Does your state require a physicist to be registered in order to check a mammo workstation? They will not be performing any testing on mammo units.</p>	<p>WI doesn't register physicists at all Yes if registered – TX, IL, NH, IA, UT, CO Kate Hintenlang reminded everyone that FDA/MQSA regulations require a QMP to inspect mammo work stations.</p>	2021 04	Mammography, Physicist

Which states require industrial radiography certification? Do they specifically require certification for those individuals that operate open radiography units that are used only in an enclosed shielded room with interlocked doors, various notification alarms and an operator's booth that is outside of the "room"?	Yes-AL (room is considered a shooting room), FL No-ID, CA (unless performing field radiography), NH (if they are certified or certifiable definition), MN, FL (has training requirement for industrial cabinet),	2021 04	Industrial, Shielding
How are states addressing a therapy facility using their on-board imaging CT as a fluoro simulator. The suggested state regulations say fluoro simulators used in therapy are exempt from several fluoro rules. Are other states applying or allowing this exemption to apply to OBI CTs being used for fluoro mode? Is this a new feature for OBI CTs? I have heard that certain procedures with the fluoro are actually more useful to the treatment providers (techs, MP and oncologist) than other modalities.	Per Melissa Martin- this has been around for 3-5 years, it is not a simple change in CT. An equipment package must be added that can be expensive. Most applications are done in an academic setting. If these are encountered during inspection, ask about QC requirements and if they are performing them. CA has seen these and this use is approved.	2021 04	Therapy, CT, Fluoroscopy
The recommendations on gonadal shielding is causing some discussion. Here is the link to AJR: Patient Shielding in Diagnostic Imaging: Discontinuing a Legacy Practice : American Journal of Roentgenology : Vol. 212, No. 4 (AJR). Julie has been following the discussion on ASRT and sees that there is much confusion out there. Her staff get asked about this and wonders what others are hearing.	WI hears a lot about it and their code is being rewritten. Per Jennifer Elie, there is a lot of confusion because they think this means no shielding of any sort. The position papers mean discontinuing gonadal shielding. ASRT members are misunderstanding the recommendations. AAPM has an entire section about this on their website that is very informative. <a href="https://www.aspm.org/org/policies/details.asp?id=468&amp;type=PP">https://www.aspm.org/org/policies/details.asp?id=468&amp;type=PP</a>	2021 04	Shielding
NC wants to what states are requiring for handheld industrial fluoroscopy.	NC, FL, AL has a couple handheld fluoro in their state under industrial radiography regulations.	2021 04	Hand Held Devices, Industrial
Where are the states in regard to resuming inspections?	CA will open everything up on June 15. WA is also starting to begin in-site inspections. VT has resumed all inspections including hospitals. NC is open on all inspections.	2021 05	COVID
How do other states handle large animal vets who need to hold the x-ray machine and the image receptor?	NH, and NC require they try to use a mechanical holding device. If something needs to be held it can't be the same person all the time. It is preferable to have animal's owner hold with lead and out of the beam and it must be documented. WI, ID, HI is the same but without documentation. WA, AL is the same but with eyewear and gloves.	2021 05	Veterinary
Pennsylvania has a question about how other states are handling situations where Doctors performing interventional radiology aren't wearing finger badges, and then using concerns about the field of sterility as a reason for not wearing the finger badge. Are other states citing violations in these situations? Is anyone asking the RSO to calculate an estimated finger dose?	No finger badges required WI, CO, ID, WA, FL NC hasn't encountered this but feels it would be appropriate to have a dose calculation done.	2021 05	Dosimetry, Fluoroscopy
Do other states practice 'spot testing' during inspections? Meaning, if a facility has a multiple of the same make and model x-ray machine, does the inspector test each unit or just one of each unique model? And if the latter, what is the maximum number of identical models that one test is sufficient for? ie. if a facility (say dental school) has 30 of the same intraoral unit, how many would be tested?	All WI, FL, AL, NH, NC, VT, HI (oldest or most problematic are the priority) WA all if possible or at least 50% CA requires minimum 10% be tested NE requires physicist testing every 5 years.	2021 05	Machine Testing
What do other states require for the dose evaluation aspect of a CBCT (Cone Beam CT) unit evaluation? Currently, our rules require the physicist to evaluate via CTDI (CT Dose Index), but that is not always possible. Many of our physicists are presenting arguments supporting DAP (Dose Area Product) as a viable option. I'm trying to collect data/information to support or reject this proposal during the next time our rules open for amendment. As a continuation for question two, do other states identify a list of QA/QC tests that must be performed for CT and/or CBCT? Or are those left up to the discretion of the physicist?	Melissa said most CBCT units are tested for accreditation. Tests required are those that are required by IAC. States should use these tests as a recommendation. NC does have rules regarding manufacture recommendation, performance in rule for CT, CBCT requires cfr 1020.33 CT unsparts CBCT for various items to be tested. For CBCT Ken from PA requires annual physics testing but not dose evaluation Beam alignment 2% SID, edges and center when applicable. AAPM has a committee working on this. It was felt that there should be no problem getting CTDI and that DAP wouldn't be as accurate.	2021 05	CBCT, Machine Testing
Does your state require (for mammography purposes) that out of state medical physicists providing services (physics evaluations) on remote out of state review work station monitors be registered in your state where the patient exam occurs? The physicist in the other state will need to do surveys and provide proper documentation.	FL doesn't require the out of state physicists to be licensed in their state. WA, CO, ID follow FDA protocols.	2021 05	Mammography
What are the states rules regarding shielding plans?	WA requires shielding plan, if they don't have one, they have to get one done before using the machine. It is a non-compliance and they charge \$300 to evaluate a shielding plan beforehand and \$1000 if it is done afterwards for medical use x-ray NC requires shielding for everything except mammo or bone density SC also cites vendors for not having a shielding plan since they register vendors. NE requires one and it is considered a non-compliance. Dental: WI requires a shielding plan for CBCT. SC requires on for CBCT & cephalometric but not for intraoral.	2021 05	Shielding
Which states test the output of mammography units themselves as part of their inspections?	YES-TX, NJ, AK, NV	2021 06	Mammography
What are states safety requirements on hand-held dental units? Are most states requiring lead shields?	All states require the backscatter shield be in place. In CA they are unable to use one without the backscatter shield in place. NC, WI, SC, NV requires the use of a lead apron as well KS requires all of the above plus the use of a thyroid collar. NE also requires a lead apron and whatever the manufacturer requires for operators. NH also requires the user to wear an extremity badge. VT requires operators to wear lead shielding if they must hold the device at an angle, primarily in veterinary	2021 06	Dental, Hand Held Devices, Shielding
Do other states bill for x-ray equipment that is inoperative or inoperable? What documentation do you require for removal of equipment from registration (i.e. service record, email stating no longer in use, etc.)?	NE, CA, MO, NB, ID, AK, VT, UT, CO (unless in storage then fees are charged), NJ, NH, FL do not bill for inoperable equipment, fill out a disposition or change of information form. VA, HI charge until removed	2021 06	Registration
What are states requiring of dermatologists that operate SRT systems?	CA (requires state certificate), WI, UT (certificate and physics testing) licensed dermatologist and training on machine. VT requires a professional medical license before using ionizing radiation on patients. AK 8 hours training on specific items and 15 hours observation NC, VA Training on unit on follow manufacturers' QC requirements. OH does not allow.	2021 06	Therapy
Have any of the states seen plastic surgeons using SRT?	None of the states have seen this.	2021 06	Therapy
How, or are, states performing measurements on machines like the Soter RS (transmission x-ray based, non-medical, whole body security screening systems such as the types that are popping up in jails and prisons)?	CA, NV, NJ scattered measurements. CA measures scattered while the unit is being used. Some states use a water phantom to test scatter. May only be used on inmates? NJ, WI, CA, MN, NV	2021 07	Security Whole Body Scanners
Does anyone have a training program/protocol for new x-ray inspectors they use?	CA, ID, NJ have a procedure plan for training. WI is on the job medical x-ray training. When possible, they like to send employees to a National Guard course in TX. AL uses inspection training journal and on the job activities. NC has training package with mentorship and required check offs. It was mentioned the CRCPD has subcommittee looking into this.	2021 07	Training
When testing dental machine timer compliance, do you take manufacturer's pre-heat specifications into consideration? If so, how do you determine compliance factoring in the pre-heat? What kind of meter do you use?	NH does take it into account and uses the Piranha and uses the wave forms to screen out the preheat. AL and CA use Radcal and Unfors and can look at the waveform and the preheat will be removed after the first exposure. HI uses Piranha so can remove the pre-heat waveforms. CA uses Diquad for screening on all intraoral units.	2021 07	Dental, Machine Testing
Arkansas is interested to see if any other state programs have had experience with the Raysafe 452 Radiation Survey Meter. Can we please review what everyone is using?	AL uses them and feel they are better than RadCal meters. They can set them up on a tripod as well. NH uses Ludlum but sometimes has an issue of a high range is detected and the unit needs to reset. They are phasing out 451R NJ uses Raysafe ID uses Fluke 451BCA HI uses 451P NC uses 452	2021 07	Machine Testing
How do other states handle equipment that has not been approved by the FDA yet? SC has a request to bring in an investigational unit from out of the country that is not yet approved. It will be used on phantoms not humans or animals.	NH, ID, WI, NC don't require FDA approval on all units so there is room for them to do so. They would just need to meet regulations and would be considered industrial equipment.	2021 07	FDA
Dental handheld in veterinary facilities.	ID, NJ doesn't regulate as much since it's not for human use. WI regulates for operators and backscatter shield, but they are finding that the operators don't always stand behind backscatter shield. VT has the regulations for human and non-human.	2021 07	Hand Held Devices, Veterinary
CO mentioned the new ZAP X unit has the control panel in the room. This is a self-contained therapy unit.	CA has seen the unit and feels like there shouldn't be a problem. They are very large and have a lot of shielding. For more information: <a href="https://zapsurgical.com/">https://zapsurgical.com/</a>	2021 07	Therapy
Recent updates to PA regulations require annual CBCT evaluations of beam alignment; "Beam alignment. The X-ray field in the plane of the image receptor may not exceed beyond the edge of the image receptor by more than 2% of the SID, when the axis of the X-ray beam is perpendicular to the plane of the image receptor. In addition, the center of the X-ray field must be aligned with the center of the image receptor to within 2% of the SID." A lot of the CBCT reports I've reviewed have typical output measurements (KV, COV, ESEs, etc.) but many do not include an evaluation of beam alignment. In fact, some physicists have called and asked how they are expected to test it/satisfy that line item in the regulations. I am curious if other states have a similar requirement and what they have seen and accepted (Pass/Fail evaluations, percent error measurements, screen shots, etc.)	NO- UT, ID, FL, MN, WA, AL, WI manufacturers' suggested requirements CA, HI- manufacturers' suggested requirements + scatter CA states most issues they see are with phantoms because the facilities don't know about the phantoms. The FDA does require the manufacturers provide a phantom and the FDA will go after them. Phantoms are always available but if they aren't part of the purchase price, the registrants often don't purchase them. Per HI: They have a physicist group that does testing for the CBCT unit. This is how the physicist does the performance test: "Fixed Size A sheet of galchromic film is placed on the surface of the image receptor, and an exposure is made. The size of the x-ray field is measured on the film and compared with the scanner specifications. The specified size of the image receptor is 147 x 112 mm. X-ray field/Image Receptor Alignment: The x-ray field must be properly aligned with the image receptor, and should not exceed the size of the image receptor by more than 2% of SID. Strips of galchromic film were taped across each edge of the image receptor. Exposures were made until the edge of the x-ray field was clearly visible on the film. The distance from the edge of the x-ray field to	2021 08	CBCT, Machine Testing
How many states allow fluoroscopy-guided positioning (FGP) for radiographic imaging? A registrant has a fluoroscopic system without an overhead radiographic x-ray tube and wants the radiologic technologist to fluoro to position patients in order to obtain a scout and post-procedural images receptor during GI procedures using the fluoroscopic image. This positioning would be without a qualified practitioner present in the room. If anyone has literature on this topic, from AAPM, HPS, NCRP, Image Gently, or Image Wisely	NO- UT, SC, IA, ID adopted the CRCPD SSRs section F.5.m.ii prohibits this practice. FL allows tech to position the tube for a swallow study under fluoroscopy without a provider present. Per Kate, some states will allow an exemption if a tech is directly supervised by a provider, generally in the cath lab, not GI studies. Please see the attached list of ACR policies relating to technologist utilizing fluoroscopy.	2021 08	Fluoroscopy, Operator
The FDA no longer requires 2579's to be submitted to FDA. FDA has made MITA and the manufacturers aware there are still state requirements that have to be met. MITA is recommending the states still accept the FDA 2579.	Per FDA representative, the 2579s are still required by regulation. They are working to remove the requirement. However, the forms are free and available for the states to use	2021 09	FDA
Do any states specifically reference the FDA 2579 in their current regulations, and if so, have they experienced any issues or anticipate the change will create any?		2021 09	FDA
Do any states require an FDA 2579 to be submitted, or is it okay to submit the information contained in 2579?	No requirement for 2579-ID, HI, NH and NC has application form the requests the same information, NJ does not specifically reference the 2579 but requests whatever current form is being used. FL has their own form similar to the 2579.	2021 09	FDA

How do other states have their registration fee amounts structured in admin code- which is basically regulation on the state level. And is it in their regulations that the amount be a number (dollar amount) or do they have the wording that the Agency can set and adjust the fee as necessary to meet their budget for the program.	In regulations, ID, TX, IL, HI, IA, NJ and NH (breaks down fees depending on type), SC, PA In statute – MN, FL, VT Most states charge fees on per tube basis. Some break down the tubes by type.	2021 09	Regulations
What training does your state require to utilize radiographic equipment in a coroner office or morgue? In SC we have autopsy technicians utilizing x-ray equipment without any formal training.	ID is a non-licensure state so basically anyone can perform x-rays. We do require basic radiation safety training for everyone that is either in-house or they can do our on-line training: <a href="https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=11491&amp;dbid=0&amp;repo=PUBLIC-DOCUMENTS&amp;cr=1">https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=11491&amp;dbid=0&amp;repo=PUBLIC-DOCUMENTS&amp;cr=1</a> FL, NH, CA, HI (also SOP) in house training on machine and safety. Many states consider this industrial x-ray, so the training is in-house and/or manufacturers' recommended training.	2021 09	Operator
NH just got Ray Safe DXR plus. What is the lowest exposure to get a reading?	Dave Hintenlang states that you will need to add something to the beam, i.e. a lead apron, to increase the beam strength.	2021 09	Machine Testing
There is a new option from Konica for cineradiography in lieu of fluoroscopy. How is that being viewed by the different states? Does anyone have any measured data on these units?	Most of the states have seen this yet. The general consensus is that hopefully it will be lower than the old cineradiography since it is a DR unit.	2021 11	Fluoroscopy, Medical, Digital Imaging
Many of the states have received e-mails regarding the new Siemens battery operated c-arm unit. Here is a link to a site demonstrating its use: <a href="https://turnerxray.com/">https://turnerxray.com/</a> How are states planning on handling this type of device?	UT, NH, ID hasn't seen any yet but would just handle as mobile c-arm. AL says they are asking about sending a 2579. Since they are not installed, just delivered, who will handle the 2579? NE says they are requiring testing before use. The states with fluoro regulations will handle these the same as regular fluoro units including regulations on operator qualifications. VT only concern so far is to ensure that operators are trained to use the unit before they start using it.	2021 11	Fluoroscopy
Has anyone received inquiries regarding the conversion of tanning beds into red light therapy beds by changing the bulbs from ultraviolet to red light bulbs? If your state has a tanning program, are you allowing this conversion? FDA's take on this would be appreciated.	No tanning program – ID Yes tanning program but not under radiation– IL, NE, WI FL has a tanning program but has not had this issue. Iowa does have a tanning program and we do not allow the red bulbs. Below is on our website: Red Light Therapy Lamps, Red light therapy lamps may only be used in therapy units specific for red light therapy. Red light therapy lamps may not be used in tanning beds or mixed with tanning lamps. Tanning lamps may not be used in red light therapy lamps or mixed with red light therapy lamps. SC has a program and an owner wants to change the lamps to red light. FDA says it depends on who is doing the conversion and what claims they are making after the conversion. IE. Medical vs general wellness claims. "Lessens wrinkles" is a medical claim and not allowed. General health "improves mood" or "Makes you feel better" are allowed. If there are any devices that you are aware of making medical claims let the Donald Miller ( <a href="mailto:donald.miller@FDA.hhs.gov">donald.miller@FDA.hhs.gov</a> ) at the FDA know.	2021 11	FDA, Regulations
SC has a dermatologist that wants Xofig operator in the room during superficial therapy treatments. Xofig has requested a variance.	WI would treat it as a variance Melissa says scatter survey and a workload evaluation should be done before a variance is granted. Melissa has not done a shielding calculation with anyone in the room. Keep in mind the salespeople always say everyone else has approved it. NH doesn't allow them in room but they only have electronic brachytherapy at this point. Sites can do a variance as long as they can prove it safe and it is up to the manufacturer to bring proof that it is safe. For brachytherapy in WI physicist has to be available. IL allows any licensed physician to operate a therapy unit. WA has seen a Xofig unit use a control panel in the room behind an acrylic shield.	2021 11	Therapy, Operator
AL asked about the shielding for the VetCAT CBCT being used on animals. Has anyone else seen these? It is being promoted as "self-shielded" with 10 mR per scan 1 meter away.	WI has something similar and the facility had to shield 2 walls.	2021 11	CBCT, Shielding, Veterinary
NH wanted to give a heads-up that Oxoid handheld fluoroscope (extremity only) is on the way. Here is a link: <a href="https://oxos.com/">https://oxos.com/</a>		2021 11	Fluoroscopy, Hand Held Devices
WA does not currently allow urgent cares to use a mobile system. Our WAC is the standard suggested regulations from CRCPD that states "If it is impractical to move the patient to a stationary table..." Have other states allowed or not allowed this? We are getting pushback that our regulations don't apply to the 4 urgent care facilities.	WI, HI, NH, SC, FL, IL, ID in 1 room more than 1 week must be considered a permanent installation. IL is having concerns with image quality and the lack of angles available with a mobile unit. UT has allowed some but requires exemption. CA - If it's used consistently in the same room as a stationary location, we would require they comply with dose to the public regulations.	2021 12	Portable/Mobile
Which states require registration with their Departments for sales of xray units?	Yes for sales, service and installation CO, UT, ID, FL, NH, SC, NJ, HI, CO, AK, AL, PA, NC, WA, IL, MN, NV, LA for installation and service but not sales Most states also require notification of removal. Some states penalize facilities for having unlicensed units. The penalty for not having a unit registered in NJ \$300 per unit. Does amount of time affect the fine? They will add license fees retroactively. If NV finds an unknown unit they will charge a license fee back to the date of purchase/installation and a late fee until the license for the unit is caught up. If you don't have requirements do you see random units popping up. In most states, yes. NE requires notification within 15 days. Even with notification, random handheld units still seem to pop up. ID found one a few years ago that was purchased by a dentist from a sketchy seller on E-Bay. It had "FDA" stickers on it but that looked like they had been sanded so they weren't legible. He was told it needed to be removed from service. TX Radiation Control doesn't license the disposal of equipment, but our medical devices regulations require they license as a salvage facility, assuming they only dispose of and never energize. Alaska has one penalty amount \$500 per violation. Violations go through the office of law to be enforced, case file must be written to support case and evidence. Most facilities are given 30 days to comply before being cited for violations.	2021 12	Registration
Over the past year or so, our state (Missouri) has seen a significant increase in the number of whole body security scanners being placed in county jails and state prisons for contraband detection on both detainees and staff. These units are obviously not medical, but they also represent exposure beyond occupational, since the radiation delivered to the detainee is neither incidental or non-intentional. Exposure for any single scan is minimal, and the published literature indicate that even scanning individuals potentially dozens and dozens of times in a given year, the total exposure should be less than 25 mR over the year, so not beyond what one might expect for a general public limit. Having said that— How do other states categorize and/or regulate these types of units?	ID considers them industrial units MN also includes ANSI, WI, SC (SC includes ANSI) write a variance for each unit documenting training, placement, lead apron availability, etc. CO uses: CRCPD suggested state regulations Part H NH has statutes that allow the units in prisons and its use is up to the facility. Anyone who enters the property is subject to scanning. SC has had issues with COS reaching max dose PA allows only on inmates and also requires ANSI standards. has been requested for Cos VA all visitors and inmates required to be scanned notification safety training and inspection MN ANSI, registered and the dose has to be within limits SC requires them to be reviewed and a waiver must be requested. Workers and visitors are not allowed to be scanned It was also noted that some prison staff are subject to "mock scans" where no radiation is used. It is often used randomly to reduce dose or once an employee has reached maximum dose. How do you keep track of dose? Logs are the only way to do that. How often are they inspected by other states? NH 2 years NJ 2 years ID 10 years by statute but surveyed at the same time as medical and dental equipment CA, WI 3 – 4 FL, VA 3 MN 2 - 4 years physically SC every 4 years Do your inspection protocols or regulations rely on ANSI/HPS N43.17-2009, or are there other standards in use out there? Most states go by ANSI NE, NH does not Comparing low dose radiation risk vs narcotics and weapons is something that should be considered	2021 12	Security Whole Body Scanners
NE is asking about VetTom CT	- WI same as any CT - VA is in process of developing regulations. Tom Verdicchio is currently working on them - HI requires shielding plan but the unit itself is subject to veterinary xray regulations.	2021 12	CBCT, CT, Veterinary
CO is questioning the process where patients are positioned for CT by another person and someone else is exposing in another state (remote operation).	Dustin from ACR has had questions about this too. A huge concern is the equipment motion. Another concern is contrast administration. CA requires someone to be available for contrast reaction and also requires ARRT for the person operating the CT scanner. WI, IL, FL requires CT tech to be licensed their state. NJ CT tech must be on site. Statement from ASRT: At the current moment remote scanning is not addressed in the 2021 ASRT Practice Standards document. However, during the 2021-2022 Practice Standards Council review cycle, the committee has made proposed revisions to the ASRT Practice Standards for Medical Imaging and Radiation Therapy that do address the utility and guidelines of remote scanning. The link above is accessible until December 13th at midnight mountain Standard Time. Our voting members will meet in June of 2022 to vote on the proposed changes in this document	2021 12	CT, Operator
Arkansas is interested to see what other states are doing in special registration and/or licensing requirements for Cyberknife facilities. Also, they would be interested in what others have encountered with Cyberknife use.	FL, WI, ID, SC treated like any other external beam unit. Per Melissa Martin, in her job they are treated just like any other external beam therapy unit. NH same has a special unit for shielding for accelerator type facilities.	2022 01	Therapy

Illinois has a question regarding dental, specifically CBCT. I wondered how other states handle this regarding the dead man type switch or if they have this regulation. I have seen some that do not have a dead man type switch but had an emergency stop button right by the start button which is behind a wall. The patient is also provided with an emergency stop button right on the machine that they can use. This is how our regulation reads: "Exposure Switch Arrangement: The exposure switch shall be a dead-man switch and shall be arranged so that the operator can be behind a protective barrier or at least 1.83 meters (6 feet) from the patient and the tube housing during an exposure." Not all units have a dead man switch. For CT units it is generally unfeasible to have a dead man switch. Per CRCPD SSRs and 21.1r "Means shall be provided to terminate the x-ray exposure automatically by either de-energizing the x-ray source or huttering the x-ray beam in the event of equipment failure affecting data collection. Such termination shall occur within an interval that limits the total scan time to no more than 110 percent of its preset value through the use of either a backup timer or devices which monitor equipment function. 21cfr1020.33(f)(2)(i)).	NH would consider a stop button in a shielded location acceptable. It is also felt ICAT setup should be acceptable per requirements. Melissa believes that if you can start the unit but have the ability to stop it, it meets the intent of the regulation. CT regulations for PA are worded " 221.202(e)(e) Status indicators and control switches... (2) The emergency buttons or switches shall be clearly labeled as to their function. (3) Each individual scan or series of scans shall require initiation by the operator. "	2022 01	CBCT, Dental
TX is finding kVp failures on mammo inspections from recently calibrated Raysafe units.	Melissa says it is a well-known issue and the Raysafes will need to be sent in for calibration again.	2022 01	Mammography
NH would like to know who has guides for industrial unit radiography.	Iowa was kind enough to share theirs and I have attached New Hampshire's as well.	2022 01	Industrial
Do any of the states with high energy linear accelerators go out to perform neutron surveys and monitor during inspections.	FL, CA, ID no, rely on physicists.	2022 01	Therapy
Alabama would like to know what type of database program is being used to store their X-ray registrants, service companies and physicists. What program do you use to see who is due for inspection? Can you attach your correspondence to that digital file? Is there access from the web for registrants to get a copy of their registration. This is usually the frantic call we get from veterinarians right before their Vet Board inspection. Right now, they are using a couple of different programs that was created by their IT department and would like to see if there is something that works well that other states are using. They are not sure, but the NRC Web Based Licensing program might have modules for x-ray. They just don't want to re-create the wheel.	Idaho uses SharePoint which tracks when inspections and renewals are due. We can also upload all out files to it. Our x-ray license and renewal process is all done electronically. UT is just getting ready to go live with Salesforce application. Which is a relational database. It will provide a web-based portal to submit applications, make payment and have access to their records. It will also export docs to their records management system. Was it hard to customize? They have a contract with a vendor to help customize it because several different departments are using it. But it's a very easy program and they will be able to customize it themselves MD, HI uses Access WI uses Onbase which is similar to Salesforce. They don't have ability to get records but can do everything else. Inspectors can access their inspections and schedules on their laptops. NJ uses an Oracle type database. CA has a very old DOS based system that we would not recommend. AK is way behind in IT. Still using excel spreadsheets and word docs. Waiting for database to be built by IT. TX uses VersaRegulation - it will do what you are asking for but it can be a cumbersome process. TX doesn't currently don't have a process for Registrants to get their certificates but I think the program is capable. Florida uses a database created by one our IT people. Physicists are licensed by another program. We cannot attach correspondence. We use Laserfiche for document storage. Colorado has Access/web based system From PA (bit confusing to verbally explain and probably better to include in minutes); We utilize eFACTs ( <a href="https://www.ahs.de.pa.gov/eFACTSWeb/default.aspx">https://www.ahs.de.pa.gov/eFACTSWeb/default.aspx</a> ) for tracking inspections & submitting inspections done through a Mobility software. Reports can be pulled to see who is due based on inspection schedules. Attachments can be added but the public cannot access much information. Department wide, we are in the process of shifting to Onbase so that public can access files and submit forms. There is also a separate state-wide platform called Keystone/GreenPort where only X-ray registrants can pay fees and access certificates when paying online, but cannot access mailed-in payment certificates. The lack of integration across the platforms can be trying and wish Alabama luck! WA uses an older IT developed DB	2022 02	Database/Tracking
Question from Colorado: Has anyone seen the OXOS Micro C? How do you manage the regulatory restrictions around portable use on ambulatory patients? Per CO regulation portable use is for patients who are "impractical" to transfer to a stationary unit. How do you address this issue? Are these machines approved with a variance? Not approved for use at all?	ID, WI, haven't seen it WI saw one that had no way to measure focal spot so they denied it, but a variance required if they could measure SID. CA would allow it NC would allow if they were able to measure the SID SC, AL would require a variance AZ would not have anything to restrict it. Should be treated no differently than a handheld veterinary GP unit. Alaska regulations do not have any restrictions on device size, shape or configuration. If it produces an x-ray it can be used, but must be registered.	2022 02	Fluoroscopy
Arizona has a large hospital that is requesting approval to utilize a color coded "dot" system to demonstrate their apron integrity inspections. Essentially, they are proposing to inspect their aprons annually (as required in AZ) and affix a colored "dot" to the apron as to indicate it has been inspected for that year. The color of the dot will change yearly and staff will be instructed not to use aprons without the correct color. Our concern here is compliance verification, the system seems confusing to employees and it seems nearly impossible to review during inspections since this facility has over 2,000 aprons. The hospital claims that other state radiation control programs have approved this - what are your thoughts? What other states have approved it?	SC has seen it and just ensures the current year corresponds with the year's color. Florida Radiation Control does not regulate apron integrity Melissa wonders why there wouldn't be a log to affix the appropriate dot on the apron. She states the system works very well but the facility should have a log to correspond with the aprons. The facility doesn't want a log just dots.	2022 02	Shielding
PA inspectors utilize Accugold for their equipment surveys. Does anyone use iOS to connect this information to an iPad? Is anyone interested in doing this? PA inspectors are concerned with the connectivity with the iPads.	CA would be interested if they could get iPads. HI would be interested if they could use iPhones. AL has used iPhones. Nick sent a link: <a href="https://radcal.com/accu-goldios-beta-for-iphone-and-ipad/">https://radcal.com/accu-goldios-beta-for-iphone-and-ipad/</a> and to download RADCAL software to iOS: Download the Test Flight app and follow the instructions <a href="https://testflight.apple.com/join/einF38Qv">https://testflight.apple.com/join/einF38Qv</a> WI, AK and WA use Piranhas with tablets. ID uses Piranhas with laptops.	2022 02	Machine Testing
Does anyone (other than Alaska, Idaho, Alabama, North Carolina, South Dakota, and Missouri – I believe these states don't require RT certification) allow individuals in podiatry offices to take x-rays without any state and/or national certification?	WI, PA, CO must be trained by the podiatry board via a course they offer. WI also has limited license regulations. NJ, FL, MN requires limited license The Kansas Board of Healing Arts has an Unlicensed X-Ray Operator from that a physician can sign off on. The unlicensed xray operator has to complete 12 radiology CEU's annually. Title 49 PA Code § 29.82 provides: "(a) A person may, within the practice of podiatric medicine, perform radiologic procedures on the premises of a podiatrist and under the direct supervision of the podiatrist, if one of the following applies: (1) The person has passed an examination in radiology conducted by the American Society of Podiatric Medical Assistants or the American Registry of Radiologic Technologists... (2) The person has passed an examination approved by the State Boards of Medicine, Osteopathic Medicine or Chiropractic to apply ionizing radiation to human beings for diagnostic or therapeutic purposes. (3) The person has passed an examination approved and administered by the Board." VT requires podiatrists to have an additional ionizing Radiation Privileges endorsement on their license, otherwise a licensed Rad Tech can take the x-rays. This is handled by the Secretary of State's Office. Alaska has no licensure requirements for any operator, only training requirement (basic ART training). They are trying to have all operators obtain a licensure to operate x-ray producing devices, but it will take time to get passed into regulations.	2022 02	Operator, Podiatry
Melissa mentioned chains of urgent care clinics that just want to bring in a mobile unit instead of an actual room. They disadvantage of this practice is poor image quality and questionable operator protection	IL will need to change their regs to disallow this. FL, WI, HI, ID - if it is in a permanent location it must be treated as a stationary unit ? regulations state the patient must be imaged on a stationary unit unless there are medical reasons for doing imaging with a mobile unit. NC has a chain that wants to use a gurney instead of an x-ray table. They have had a hard time getting this in check at multiple facilities. CO - This is the same issue... ambulatory patients need to be imaged on a stationary unit. WA brought up this portable vs stationary issue a few meetings ago. We are talking to our AG office because we too have an urgent care that installed portable in their centers in multi rooms AZ has the same issue. We'd like to define "routine" in our rules to accommodate the failure to provide a shielding plan??? Jen in LA suggested that CRCPD develop a working group to address these urgent care issues. Lisa will present it to	2022 02	Portable/Mobile
SC asked about Xoht unit that allows the operator in the room. The difference between superficial electronic brachytherapy (source is in contact with the body) vs superficial radiation treatments (SID 30 – 50 cm) external type treatment. Units that allow users to remain in the room.	Richard Martin richard@aapm.org at AAPM has helped states keep these out and require radiation oncologist to use. SRT 100 wants to be used as superficial therapy, not brachytherapy derms want to use it.	2022 02	Therapy
Does anyone have a list of what the EI numbers from each manufacturer mean and what effect does collimation have on this? I know someone out there has to have a compilation of the different systems and their EI numbers.	Ken from PA does have some that are older. It turns out Ken's documents are from CRCPD see the link below from Jen Ele: Here is the document. It is a CRCPD paper on Cr and DR State X-ray Inspection Protocol. It is actually from 2010. We did a training in Ohio the year it was published. It is probably time for it to be reevaluated but should still be fairly good. <a href="https://cdn.ymaws.com/www.crcpd.org/resource/collection/57586060-8DE5-4DEF-95D7-DB036F561DA3/CR&amp;DR_Protocol.pdf">https://cdn.ymaws.com/www.crcpd.org/resource/collection/57586060-8DE5-4DEF-95D7-DB036F561DA3/CR&amp;DR_Protocol.pdf</a>	2022 03	Digital Imaging
Has there been any previous discussion about the G-arm? It is a biplane c-arm that has an adjustable SID on at least 1 of the 2 models. <a href="https://whaleimaging.com/products/g-arm/">https://whaleimaging.com/products/g-arm/</a>	Kate mentioned that biplanes have been used in cath labs for decades so wondering what new they have to offer. Apparently, these are mobile biplane units.	2022 03	Fluoroscopy
From CO - Virtual training discussion. I am hoping to introduce the topic and put it on the radar. The training utilizes a virtual reality platform. It covers operating console, positioning, all of it...for the most part. Is anyone else getting questions about this? If so, would their state allow virtual training in place of personal supervision or direct (in the building) supervision during clinical training.	In Texas it would fall under the rad techs section under the medical board. In NE it has to be direct supervision. LA agrees but also wonders what ASRT or JCERT would think of this practice. Is this just technologists or does it include radiologists for now? No answer to this. Could this possibly be addressed this in Part F?	2022 03	Operator
There is a new C-arm, Skan-C that is FDA approved. <a href="https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pnm&amp;id=K170946">https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pnm&amp;id=K170946</a> When one of our physicists was reviewing the system, the C-arm was not resetting to normal mode after the high-level control is activated and used. What are other states doing? Mike from VA posed the question. What is everyone advising the facility to document as to how they are addressing the issue as new people are trained on the unit.	It was mentioned that the FDA should be notified so they can send an update notice.	2022 03	Fluoroscopy



Lisa from TX got call about a J Morita CBCT unit that does a bone density scan then a CBCT. It doesn't show any technical factors before doing the CBCT.	Kenny has seen units that do a scout image beforehand. He is not sure what the scout image is for. The unit usually needs to be put in service mode to measure the CBCT scan without doing a scout image.	2022 03	CBCT, Medical
Has anyone seen this shield <a href="https://www.rampartic.com/">https://www.rampartic.com/</a> ? NJ granted an exemption for this use in one hospital. It is also designed it to have the user wear a lead apron. It has adjustable panels so the user can get the most efficient protection.		2022 03	Shielding
Are any states are still not going out in the field? It was heard some states are still only remote and was curious if that is true.	All states are back normal for the most part. WI was on the fence for about a year. CA sometimes has hospitals postpone.	2022 04	COVID
The board would like to have this committee research and develop best practice guidelines to address the use of portable x-ray units in urgent care facilities using portable only and not installing a fixed unit. Items to be addressed would be shielding and image quality issues. A few states have specific regulations, but most do not. If anyone would like to volunteer to help work on this, please let me know.		2022 04	
IL has had calls regarding people wanting to use hand held units for extremity work. Has anyone has one of these registered in the state?	CA has seen in mortuary and coroner offices. SC has a handheld unit they are currently reviewing. CA & HI would ask for an exemption & require the use of shielding and dosimetry. They don't have regulations on patient dose. TX would require a scatter shield and an SID chart to make sure dose is acceptable that is signed off by physicist. Some of these units are marketed to podiatrists. CO looked at something similar. You can email me or call katherine.liberman@state.co.us ...ours was also OXOS. The OXOS system has an imaging plate that basically won't work unless it has all the proper parameters. It is only for extremity use. These units generally do not have enough power to perform any exams except extremity work. PA only allows X-ray units to be handheld if they are specifically designed to be. Operators would be required to be donned with 0.25 mm Pb equivalent shielding and must show that they are not at risk of hitting 500 mrem occupational dose per year if not badged. We have a regulation addressing image quality, but it is not specifically defined. CA would require monitoring for fluoro for anyone who could be exposed to 5mR/hr so nearly all fluoro but not some mini c-arms.	2022 04	Hand Held Devices, Medical
Until recently Minnesota had been basing dental/maxillofacial cone beam computed tomography quality control requirements of CFR Section 1020.33 Computed tomography (CT) equipment.1020.33, (d) quality assurance and phantom requirements on the way that FDA has been classifying the x-ray system in the 510k Premarket Notification Database. FDA had been classifying these systems under the Device Classification Name as either System, X-Ray, Extraoral Source, Digital, or X-Ray, Tomography, Computed, Dental. MDH had a discussion with the FDA and found out that regardless of how a CBCT or 3D system is classified, if it is capable of performing CBCT or 3D imaging, the system is a CT system and the system and manufacturer must comply with the requirements of CFR Section 1020.33 Computed tomography (CT) equipment.1020.33. Some states may be aware of this but MDH just wanted to let everyone know. Per FDA and CRCPD white paper the manufacturer is supposed to supply a phantom with instructions for QC. The phantom is the issue that Minnesota is having an issue. In 2017 CDH used to want to know if a phantom was not supplied. This was bypassed by classifying these as extraoral dental radiographic units. There is some discrepancy because they can be used as 2D but are 3D ready with a software upgrade.	PA has had many discussions with the FDA regarding this and hasn't received any help. PA require as QC program using a phantom by following the manufacturers requirements. Many facilities don't know that it is in their owner's manual. NC is having the same issues of operators not knowing how to use the phantom. Also, NC has had installers mark "other" for type and it depends on what software is being used. So, it is very difficult to figure how they are using these. Serena from PA "I often reference that 1020.33 regulation to tell users that they do not have to pay separately for the phantom. The vendor is required to provide an appropriate phantom specific to the unit." From Bill in WI it would be nice if CRCPD could come up with a generic minimum of CBCT QC tests we could hold them to in the absence of the manufacturer's recommendations. The problem is there are just way too many differences between mfg.'s & models. Until there are national standards in place we must rely on them.	2022 04	CBCT, Dental, FDA
The state of Nevada Radiation Control Program is requesting input. Nevada received an email from Concentra stating they are researching the possibility of ceasing dosimetry monitoring in their centers across the nation. They have centers in 44 States, and we would like to inquire how other States are handling or will handle this request. For States that would approve this request, what documentation would they require to demonstrate workers would not exceed 10% of a dose limit.	CA, IL, ID, MN, WI have not seen this yet and would require a year of dosimetry reports. IL, WI must have badge for fluoro. Would the state require new dosimetry if new machine installed NO - IL, WI, ID	2022 04	Dosimetry
A little outside our norm but AR would like to know if other states are receiving inquiries from citizens using the inexpensive Electromagnetic Field (EMF) radiation meters that are readily available online and then they are very concerned about any subsequent health concerns based on the meter readings! If so, what are the states telling these inquiring minds?	IL has gotten a few calls regarding an app on their phones and tells them to make sure they know what the app is reading and if there is interference and has them consider the validity. NV has had a couple and has gone out to investigate. It generally is a waste of time. HI also has had an issue with this and also regarding 5G but they only regulate ionizing radiation. Questions about EMF have arisen due to net meter or "smart meter" use.	2022 04	
Sensus Healthcare is planning to start selling Superficial RadiationTherapy (SRT) machines in the State of Hawaii. Has anyone in other states seen this SRT machine, and what rules and regulations have for these machines? I have attached a copy of our SRT license conditions. Does CRCPD have a suggested state regulation on this low energy type of unit? Sensus Healthcare seems to have many questions about physicians being board certified. Is there a reason why?	There is currently a committee looking into this. IL register them as therapy, and they fall under those regulations. LA requires a licensed therapy tech. Physicians, NPs and PAs are also allowed to use these as "licensed providers" in some states. LA would not allow NPs or PAs to run it. SC makes the dermatologists partner with an oncologist and use an RTT .	2022 04	Therapy
Regarding full body security screening in jails and prisons, Virginia DOC would like to start implementing this and they have no specific regulations that would prevent it. Even though the doses are low, children are far more susceptible to radiation on an equivalent per mass basis as compared to adults. This has been well documented, and the medical field has already and continues to address this issue. My fear is not the occasional use but the trend towards expanded and mis-use (i.e high res, adult settings for child scans etc) of the systems.	NI has a DOC statute that it is used only on inmates. PA doesn't allow the use on 18 and under nor the general public. Most states only allow use on detainees.	2022 04	Security Whole Body Scanners
If x-ray equipment is plug and play and does not require installation, does your state still need the company selling the equipment to register as a vendor? We had a company, PFI of Florida, sell a machine to a facility in Arkansas. The company claims that because they did not deliver the equipment (they hired a 3rd party transportation service) and install it, they should not have to register as vendors. The company president says they sell equipment nationwide and have NEVER had to register in any other state.	YES -NE (anything to do with x-ray must register), ID, UT, CO, AL CA does not register vendors NI requires an exemption request PA regulations are more catered to X-ray servicers and installers but incorporates those just selling units. PA Code 25 § 216-2a. provides "A person who...is in the business of selling, leasing or lending radiation-producing machines in this Commonwealth shall apply for registration of the activities with the Department prior to furnishing or offering to furnish those services."	2022 05	Registration
Per the SSRs Part F, section 11, PA recently updated their CT regulations to require diagnostic CTs to be certified by either ACR or The Joint Commission. A registrant classified as a Critical Access Hospital stated that they believed they were exempt from CT certification...three questions:	How many states require their diagnostic CTs to be accredited by another organization? CA requires by any acceptable accreditation organizations approved by CMS. NC does not require accreditation, but the performance evaluation must meet either the manufacturer, ACR or AAPM standards and tolerances  b. Which organizations is accreditation recognized from? You can find the CMS approved organizations under advanced imaging accreditation  c. How do accreditation requirements apply to Critical Access Hospitals? IL thinks that is a joint commission term and there are special allowances made to critical access hospitals. from Serena Groff - PA: I have not heard of Critical Access Hospitals until last month, and just looked up that it is a federal program established in 1997. Joint Commission provides CAH-specific accreditation options, but they are exempt from accreditation for CMS Medicare reimbursements.	2022 05	CT
Jennifer Elee will be participating in a panel at the AAPM annual meeting. I need to ask the following:	a. Has anyone had any issues with the new gonadal shielding guidance? In all states most of the pushback is coming from technologists. NE has not, physicists there are agreeing with the recommendations. SC has had some RSOs discontinue shielding all together, CA only has gonadal shielding requirements.  b. Have any states updated regulations to remove gonadal shielding requirements? Only VT.  c. Do any states have updates in the works or plans to update regulations? NI will take exemptions, but they are planning on changing their regulations. UT, VT do not require shielding but it must be available if requested. SC and will remove. NE and FL have no plans to change the regulations but issued information that it shouldn't be used if interferes with the exam. NH had something to say about training	2022 05	Shielding
Dave Allard from PA is wondering if other states have an issue with 'MQSA contract RFP turnaround time'? It hugely unfair to give states 30 days to complete the RFP. FDA should send the states a draft RFP at least 90 days before due date. That way they can start gathering all the fiscal info. I have to think most states take 30 days just to do the legal review and sign off. Perhaps we should provide others' feedback and experiences to Ruth and the Board, so they can discuss on a future Board call.	FL feels the same as they have had issues between their legal and FDA's legal. NI feels the same. IL asked if the RFP had a conflict of interest in the contract, item 8 with attachments lobbying. PA was confused with the requirements to do federal facilities and didn't have anything to do with the actual contract. The RFP is very confusing. There was a Zoom meeting that took place after our call ended. The purpose was to clarify all these issues, but I am not sure that it helped much.	2022 05	Mammography
PA would like to know if anyone has come across RCIS registered staff in CV labs? They are not allowed to perform fluoro there because they are not ARRT and not providers, but now are saying they are allowed to.	NOT allowed CA, NE CO makes them take a fluoro operators exam (from the ARRT) can sit for the fluoro exam if they meet eligibility requirements per the state regulations. I would think that even though running the fluoro equipment is in the scope of practice for an RCIS, they are still bound by state law as to whether or not it is allowed.	2022 05	Fluoroscopy, Operator
Arkansas is wondering about whether other states allow the use of portable shields within a diagnostic x-ray room. The shield being used instead of a permanent wall that forms part of a "booth." An SSR Appendix requires the use of an interlock for a "door or movable panel" which will prevent an exposure when the door or panel is not closed. Maybe portable shields would fall under that statement?	WI does not permit these because they don't meet regulation nuclear medicine and SPECT users want to use these and they may work something out. CA, VA, WA does not allow these. NE requires the portable shield be tethered or have a booth.	2022 06	Shielding

Also from Arkansas: Recently, we received a report from a registrant/licensee who had three (3) persons at the request of another nuclear medicine physician volunteer to be injected by nuclear medicine technologists with F-18 FDG and scanned with on two separate PET/CT scanners. The volunteers were healthy individuals and the scans were not part of any imaging regarding any health issues or medical issues. The nuclear medicine technologists were acting under verbal orders. The purpose was to compare scans performed on old and new PET/CT scanners to evaluate image quality between machines to ensure reoccurring patients can be scanned on either machine without falsely altering their treatments. Have other states encountered similar events with PET/CT and/or with other x-ray modalities?	NE has seen this with CT to use for training. WI heard rumors of using employees on a CBCT unit, neither is allowed. CA has found facilities using employees to "practice" and it is not allowed. How have others addressed these events? NE issues items of noncompliance and makes sure it doesn't happen again in the future. PA has seen this at dental practices with new CBCT installations and prisons with whole body scanners. When confirmed, facility is cited and required to provide written response. Often, they refer us to the installers who recommended or asked for volunteers to be scanned. WI would require a physicist to determine dose to the "volunteer". In Alabama-we do not allow verbal orders-all procedures involving radioactive material must involve written orders however if an authorized user signed the order for the volunteers-we would be hard pressed to issue violations for this. Regarding the volunteers, how have others assigned to determine doses? Occupational dose? Would need a physicist to determine dose. AR asked if the dose would be considered occupational of public. The general consensus is that the dose would be considered public. Have others entertained permitting such comparisons where the licensee/registrant has requested Department permission with institutional guidance and procedures etc.? WI - Not for practice or reasonable screening need. How have those that regulate the Nuclear Medicine Technologists and/or x-ray radiologic technologists, how have you all addressed this? No response	2022 06	Prohibited Acts
In Kansas we are dealing with "urgent" care centers and small medical practices as primary or urgent care centers that are a part of a large group called Xpress Wellness Urgent Care in Oklahoma and has another name in Texas. They are not using registered technologists to take x-ray and many of their images are non-diagnostic. They are also putting certificates of technologists not highly employed on the wall as trainers. What can be done with this?	Suggestions include repealing the regulations that allows anyone to perform x-rays. However, this is a difficult path. ID also allows anyone to take x-rays and the technologist group has been trying for decades to get a licensure law. Other suggestions included notifying the board of medicine, Medicaid/Medicare and the large insurance companies. If anyone has dealt with this company in TX or OK, please get in touch with Jesse Woljje from KS.	2022 06	Operator
Colorado has an instance where RT (R) registered technologists are positioning for CT exams and the CT registered technologist is completing the exam remotely. In Colorado, we include positioning in our definition of an exam, so the tech would need to be registered accordingly. Wondering if other states allow the positioning for CT by an RT? Would you consider the RT qualified to just do the positioning for CT?	IL, WI allow an RT to take CT. It is less of an issue if the tech is not required to have a CT instead of just an RT. MN does not have licensure for x-ray, but we have a specific statute about who may operate x-ray systems. CA does not require ARRT certification but requires CA certification for use of CT (and other x-ray devices). ID not require RT. Which states require CT? NC What about IV contrast? There is a PA on site. RT is trained to monitor injection site for extravasation. How many states deal with remote imaging? IL has a site working on this, CO has sites. Note: H-32 is currently addressing this practice.	2022 06	CT, Operator
Arkansas would like to know what other states do when facilities replace Medical Particle Accelerators. Do they have a decommission process?	FL doesn't have a decommission process unless it has high enough energies 16 meV or higher they have measured the materials and make them license. Texas asks if they have survey for activation. If they have activated parts, they then follow the process Clark described.	2022 07	Therapy
Virginia would like to know how many states allow Dexa units to be used for body fat composition without a physician's order?	Yes- NO- LA, TX, NJ, WI & SC ask for variance for research, FL also requires a physician for research, CA does not require an order but does require physician supervision, WA, CO, NE & AL (does allow for a standing order for research situations) KS also requires an order. Here a link to the CRCPD position statement on using DEXA scanner for body composition: <a href="https://cdn.ymaws.com/www.crcpd.org/resource/collection/185B915F-2624-48A3-A809-09957F01C42F/HA37.pdf">https://cdn.ymaws.com/www.crcpd.org/resource/collection/185B915F-2624-48A3-A809-09957F01C42F/HA37.pdf</a>	2022 07	DEXA
Arizona is requesting input on a received exemption request regarding the requirement to wear aprons during fluoroscopic procedures. The applicant is "Protego Radiation Protection Systems", and in summary the system utilizes a shielding system with movable walls (therefore adjustable "protection zones"). Our biggest concerns here are that the Protego shield does not provide 0.25 mm lead equivalent at the head of the table and some areas in the room on the opposite side of the table from the operator, and rather relies on the facilities to establish their own unique protection zones that are demarcated on the floor. We are aware that the state of Michigan has approved this, and we are curious how other states would proceed. An information brochure and the Michigan approval notice is attached for reference.	WI had a radiologist that used moveable walls in lieu of an apron due to back issues that had an exemption FL doesn't specify aprons or not but does require .25 mm equivalent. CA would want to look at what was happening in the zone outside the demarcation areas.	2022 07	Fluoroscopy, Shielding
NJ wants to know about the FDA MQSA RFP decision: Any word on whether the FDA will do the background checks and fingerprinting? The FRP gave the states a 6-8-month timeline to complete this requirement.	There has been nothing official yet.	2022 07	Mammography
CA ask if anyone has seen the new Planmeca Viso G7. It has a "face" mode as well as pano, jaw, and teeth. Has anyone else seen this CBCT unit, and how do they apply their dental regulations to this mode? CA has regulations that apply to dental, but "face" includes maxillary sinuses and orbits. In the past, this is a scope of practice for ENT (medical) and not dental. Any thoughts?	ID, NC, SC has not seen it. Per Mahesh-Ganeshram has one, and he has info on it. Its use is in the radiographic setting. Per Melissa, what are the requirements since it went from a dental setting to ENT? CA has it in a dental office, and they default to the face mode. Dentists and RDAs are the ones using it. TX is it possible for Planmeca to turn this option off if in dental facility or make issue from the dental board. Mahesh - Both G7 has two modes which are 3 x 3 cm and 30 x 30 cm field size. The bigger field size is used on face mode. AAPM can have their CBCT committee look at into it. "I did some research on this after the call, and "face mode" appears to be a function that integrates photographs with x-ray imaging. The website below explains how face mode can be used with no radiation involved. However, I believe the problem is that are scanning every patient with a 30 x 30 cm field size. <a href="https://www.planmeca.com/imaging/3d-imaging/planmecaproface/">https://www.planmeca.com/imaging/3d-imaging/planmecaproface/</a> <a href="http://publications.planmeca.com/Brochures/Company/Planmeca_Group_en_low.pdf">http://publications.planmeca.com/Brochures/Company/Planmeca_Group_en_low.pdf</a> Facility aware of this. CA was told it was a scope of practice	2022 08	CBCT
Are there any states that do not require board certification (i.e. ABR, AOBR, etc.) for physicians that prescribe and oversee the use of radiation therapy equipment, including superficial radiation therapy systems? SC is asking because they have an exemption process for dermatologists but has a family physician that wants to use it.	NO - ID, CA has an exemption for dermatologists, Angela in AR states they have rules similar to part X for certified physician, must meet training route, registrant using less than 500 kV of EBt can submit training and experience on a case by case basis, and training must also include dosimeter calculations. Perhaps use part X as a template for this or substantially equivalent. Follow-up question: How are states handling physicians (family practice, ENT, dermatologist) that request to prescribe and oversee the use of SRT units that do not meet board certification requirements? No answer to this How would states handle this if other Melissa - What kind of training documentation is provided? No specific training documentation has been provided except for attestation from a rotation many years ago. What type of training do dermatologists go through? Some manufacturers have offered 8 hours of training. But is that really enough? What states have regulations on training for dermatologists to use therapy in the office. SC mimics the SSRs part X except for that last paragraph. "Notwithstanding the requirements of X.3.c.i. and X.3.c.ii., the registrant for any therapeutic radiation machine subject to X.6 may also submit the training of the prospective authorized user physician for Agency review on a case-by-case basis." And they have added the "substantially equivalent" phrase	2022 08	Therapy
Utah is wondering if anyone has a list of training courses for new inspectors?	There is military training program at Fort Sam Houston but it is only offered once a year and it is hard to get into. Texas has a step-by-step training manual and is willing to share. Contact Lisa if you are interested: <a href="mailto:lisa.brueedigian@dshs.texas.gov">lisa.brueedigian@dshs.texas.gov</a> G-55 is a CRCPD working group that is focusing on training. If you are interested in participating in this group, you can contact Matthew at <a href="mailto:Matthew.Millard@idph.iowa.gov">Matthew.Millard@idph.iowa.gov</a> .	2022 10	Training
Arizona is asking if any states have or are able to recommend an x-ray inspection manual to be used as a training tool and reference for new inspectors. They're interested in both healing arts as well as industrial inspection manual(s).	Texas has a training manual that they are willing to share. This is also a goal of working group G-55	2022 10	Training
We are having a very difficult time here in Kansas with facilities trying to get their Kavo Nomads serviced (at the intervals outlined in the user's manual), and I wondered if anyone else is having difficulties with Kavo.	Kavo is currently 8 weeks for service. They do offer rental units for a large fee. However, the repairs are expensive and don't offer a certificate of compliance. SC requires that all handheld units are calibrated annually. They allow 60 days for units to be serviced. They have had no issues with Kavo	2022 10	Hand Held Devices
KS has also been running into facilities that have x-ray machines installed that are not capable of reaching a 72" SID. The company that does most of the installation says Kansas is the only state that requires a 72" SID capability, and I wondered if that were true.	None of the other states on the call have a requirement stating the machine must be able to reach a 72" SID. TX doesn't have a requirement for specific SID but what SID is used must be accurately indicated. Bill from WI stated that is the doctor is willing to read an exam performed at the incorrect SID, it is his professional opinion that it is acceptable. For NC from the inspection standpoint a 72" SID is the standard protocol, so they could be cited for that. In CA, if the unit won't go to 72", the exam will need to be performed elsewhere. Per TX Can you refer them to their appropriate state board? We would struggle with authority with this crossing over into the practice of medicine. AK only has regulations pertaining to minimum SID during fluoroscopic procedures.	2022 10	Medical
For those that use RTI and have the external dose probe, when do you use it?	HI, ID uses it for panoramic and chiropractic when the tube will only stay in the vertical position. Per NV - We just completed our meeting with RTI, and the following information is what we were given regarding the Piranha Multi: 1. For upright vertical bucky: the user can tape the external probe in place 2. For a dental panoramic machine: RTI has a panoramic strap holder that has a suction cup on back and rubber feet on bottom to help secure it in place. a. RTI have adapted holder to accommodate if the panoramic machine has a recessed or flush casing. ID has the panoramic strap, and it doesn't stay in place very well.	2022 10	Machine Testing

What is everyone doing for training, and how long does it take?	WI has on-the-job training and uses 2 textbooks. They also go over the code in sections and the trainee has to answer questions. HI does something similar, but they start with dental inspections and move on to other modalities as they become proficient. Their training is also based on the former FDA level 2 inspection training. NH does on the job training as well as shadowing seasoned inspectors. In general, it takes approximately 3 years to fully train and inspector. This will vary based on background and learning ability. Background requirements vary by state: HI requires a BS in a hard science, WI requires a hard science or radiologic technologist background, KS requires ARRT. NI and SC also start with dental. Once they are qualified in a modality, they can go out alone while they learn other modalities.	2022 10	Training
WI asks what the states are doing for proton therapy	Melissa said they need a license to store activation products and AP and safety surveys. It is important to work with the physicist on these. Kate noted that inventory is also required. WA has RAM license for proton therapy. AL and KS license for activation products. There is a CRCPD white paper with a checklist on proton therapy.	2022 10	Therapy
Alabama asked if anyone has seen the Koning CBCT unit for breast imaging. To replace U/S or MRI. There is a registrant in Alabama that is about to have the Koning 3D KBCT unit installed. Has anyone else seen one of these? <a href="https://www.koninghealth.com/product-solutions/koning-breast-ct">https://www.koninghealth.com/product-solutions/koning-breast-ct</a> There are 4 in the country with 1 coming to Alabama in the next couple of months.	This will be a great topic to bring up in the next mammo meeting to be held in January and CRCPD training next year. If you would like to be added to the invite list for the mammo calls, please contact Regina at <a href="mailto:Regina.kissinger@dhrs.nc.gov">Regina.kissinger@dhrs.nc.gov</a>	2022 11	Mammography
WA State had a medical physicist ask about Konica Minolta's Dynamic Digital Radiography (DDR) that produces not only static images but also pulsed individual digital x-ray images (cineradiography) in a single series of cine-like loop from an interested chiropractor. They had a meeting with Konica Minolta and they shared it is not fluoroscopy (see K193225 below). For a standard xray shooting a lateral flexion/extension 3 series image (typically ~ 1R total) would be ~ 3R total patient exposure with the DDR using a technique of 95kVp, 8 mAs/frame, at 6fps for approximately 10 seconds with better resolution than fluoroscopy. The unit is capable of up to 20 seconds maximum and with a maximum of 300 images acquired at either 6 fps or 15 fps. Per Konica, there are around 30-35 in the US. Its bigger market is pulmonary and thoracic use but capable of extremities, chest, skull, abdomen, spine, etc. They have been recently approved for mobile installation as well. Are any other states seeing these? Is there a committee looking into these? How do you regulate them, more on the restrictive fluoroscopy side or from a standard x-ray side (i.e. a patient safety standpoint and who can take images)? Their regulations need to be updated and they are looking for assistance.	Dave Hitenlang's facility has been looking into the Oxos Micro C. This is a handheld unit that utilizes similar technology. This unit only allows imaging when imaging plate is lined up with the device. The maximum kVp is 60 kVp. SC has also seen the Oxos. They issued a memorandum for guidelines of use which are requirements. They have discussed the Oxos with the FDA who says it's an imaging unit not fluoro. Fluoroscopy is defined in SSR Part F NC has the same understanding that it's not supposed to replace standard rad unit. WA says Konica states that there are 35 in US currently. They are concerned about the high dosage level. It's a stationary unit that can be retrofitted and software added. Dave states that in Ohio, the definitions could be interpreted as being a fluoro unit. Angela M asked does your rule/regulations give you the ability to add terms/conditions to your x-ray registrations to regulate new users? Bill asked if these are using image intensifiers? No, digital reconstruction is used. WA states you only see a preview image and you don't see the final image until after the imaging has ended. Likewise, you can't see the entire motion until after. They do have a preset time with a dead-man switch. These types of images do have a higher resolution image than fluoro. Lisa thinks the use of is something the CRCPD should look into.	2022 11	Digital Imaging
This is from a question Texas posed to the FDA: "We have a couple of service companies asking where to identify the x-ray device model and serial number when they start to change out components. Historically, we've taken it from the console, but many of them are now being replaced with computer keyboards and monitors. Our next spot was the generator but if they replace the generator with a different make and model, does that create a new x-ray device?" "B	From Don Miller at the FDA: (1) A high-voltage generator is a certifiable component. Replacement of a certified generator with an equivalent certified generator does not create a new x-ray device. (2) FDA considers that a laptop computer or desktop computer with an off-the-shelf monitor that uses software to control diagnostic x-ray systems serves the same function as an x-ray control. Such computers and displays are subject to the same labeling requirements as any other diagnostic x-ray control as described in 21 CFR 1020.30(b). The certification and identification labels (or a display of their contents) must be readily accessible by the user (21 CFR 1010.2 and 1010.3) and the required warning statement must be displayed on each laptop computer or desktop computer with an off-the-shelf monitor used as a control panel (21 CFR 1020.30(j)). There are multiple ways to meet these labeling requirements. For example, physical labels consistent with 21 CFR 1010.2 (Certification), 1010.3 (Identification), and 1020.30(j) (Warning label) can be used. Alternatively, the labeling can be electronic (on the display monitor), as long as each time the system is started, the screen displays the identification label and the certification label, requiring user action before removing these labels and resuming the start-up sequence; and during use, the required warning label is continuously displayed on the screen. TX wanted to share this with the group because it seems to come up every so often.	2022 12	FDA
A mobile mammography company from out of state has requested Arkansas reciprocity. They are happy to host them, but they do not currently have a procedure for Out of State Mobile Mammography. Does anyone have a procedure in place? If so, would you share it?	PA has a regulation where units can come in on a temporary basis for no more than 60 days. WI and SC it is 30 days and techs and physicians must be licensed. FL they have to be registered at day 1. CA must meet all the requirements for CA. IN ID they can be in the state for 180 days without having to be licensed. Mammography defers to MQSA so they have to meet all MQSA regulations. AL needs a 2-day notice. They must be registered and have a shielding plan approved. NE basically follows what they have their Rad Mat reciprocity do. See their Website: <a href="https://dhrs.ne.gov/Pages/Radiation-Control-Reciprocity.aspx">https://dhrs.ne.gov/Pages/Radiation-Control-Reciprocity.aspx</a> TX Texas no longer recognizes reciprocity for mammography facilities - it was too hard keeping up with them coming & going. They also require the techs and practitioners to be licensed in TX. Kansas allows reciprocity if the unit is in Kansas for less than 30 days.	2022 12	Mammography
PA is wondering if anyone with an MQSA inspection has a form for all previous invoice submissions and payments from the FDA. Does anyone have a list of what the E1 numbers from each manufacturer mean and what effect does collimation have on this? I know someone out there has to have a compilation of the different systems and their E1 numbers.	WI uses a spreadsheet. ID also sends a portion of their spreadsheet. Ken from PA does have some that are older. It turns out Ken's documents are from CRCPD see the link below from Jen Elie: Here is the document. It is a CRCPD paper on Cr and DR State X-ray Inspection Protocol. It is actually from 2010. We did a training in Ohio the year it was published. It is probably time for it to be reevaluated but should still be fairly good. <a href="https://cdn.ymaws.com/www.crcpd.org/resource/collection/57586060-8DE5-4DEF-95D7-DB036F561DA3/CR&amp;DR_Protocol.pdf">https://cdn.ymaws.com/www.crcpd.org/resource/collection/57586060-8DE5-4DEF-95D7-DB036F561DA3/CR&amp;DR_Protocol.pdf</a>	2022 12 2023 03	Mammography Digital Imaging
Has there been any previous discussion about the G-arm? It is a biplane c-arm that has an adjustable SID on at least 1 of the 2 models. <a href="https://whaleimaging.com/products/g-arm/">https://whaleimaging.com/products/g-arm/</a>	No answers to this. It was asked by Jill from IL. She has not seen any but has done research. Kate mentioned that biplanes have been used in cath labs for decades so wondering what new they have to offer. Apparently, these are mobile biplane units.	2023 03	Fluoroscopy
From CO - Virtual training discussion. I am hoping to introduce the topic and put it on the radar. The training utilizes a virtual reality platform. It covers operating console, positioning, all of it...for the most part. Is anyone else getting questions about this? If so, would their state allow virtual training in place of personal supervision or direct (in the building) supervision during clinical training.	In Texas it would fall under the rad techs section under the medical board. In NE it has to be direct supervision. LA agrees but also wonders what ASRT or JCERT would think of this practice. Is this just technologists or does it include radiologists for now? No answer to this. Could this possibly be addressed this in Part F?	2023 03	Operator, Training
There is a new C-arm, Skan-C that is FDA approved. <a href="https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=vpmn&amp;id=k170946">https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=vpmn&amp;id=k170946</a> When one of our physicists was reviewing the system, the C-arm was not resetting to normal mode after the high-level control is activated and used. What are other states doing? Mike from VA posed the question. What is everyone advising the facility to document as to how they are addressing the issue as new people are trained on the unit.	It was mentioned that the FDA should be notified so they can send an update notice.	2023 03	Fluoroscopy, FDA
Lisa from TX got call about a J Morita CBCT unit that does a bone density scan then a CBCT. It doesn't show any technical factors before doing the CBCT.	Kenny has seen units that do a scout image beforehand. He is not sure what the scout image is for. The unit usually needs to be put in service mode to measure the CBCT scan without doing a scout image.	2023 03	CBCT, Medical
Has anyone seen this shield <a href="https://www.rampartic.com/?">https://www.rampartic.com/?</a> NJ granted an exemption for this use in one hospital. It is also designed it to have the user wear a lead apron. It has adjustable panels so the user can get the most efficient protection.		2023 03	Shielding
Can you add to the next phone call about the XRF devices? How are others regulating those and what fees if any are being placed on those? And if they have dual sources as sealed source and x-ray, are they required to register with state or just the NRC under general license conditions.	FL, TX, WI (dental vs non dental) Consider these industrial units, if they have a dual energy source, each source has to be licensed/registered, they treat them as open beam analytical because the dose is so low. NC is similar (nonhealing arts) NH analytical like industrial dual source will look into sealed source device directory. If it is source based must be licensed. AK under industrial but trying to see if they need to be licensed with NRC. SC registers as analytical equipment and register/license both. For the fees, XRF devices are charged \$99.75 per year. KS requires all devices containing x-tubes, including XRF devices with an x-ray tube, to register with the state. The annual fee is per x-ray tube. Historically, PA has had handheld units apply for an exemption to interlock safety requirements... our regulations on	2023 04	Industrial
The State of Arkansas is evaluating the potential use of the NITON XL3t 600 Analyzer within the state. This is a portable XFR device is without a safety device that would prevent entry of an extremity into the primary beam. Many states have regulations that require this safety device. QUESTION: What states have granted an exemption or "variance letters" for the NITON XL3t 600 Analyzer where a safety device would not be required?	FL is it like other the devices where it must be pushed against something to pull the trigger (proximity sensor)? NH were made aware that Thermo allows the proximity sensor to be disengaged so they watch them use it and look at training procedures and policies. AK doesn't require the safety device, just requires dead man switch. PA has seen them at pawn shops and the proximity sensor was disabled with a piece of foil. One owner held up a piece of jewelry in one hand operated unit with the other. AR "what is to say its not a body part pushing on proximity sensor?" However, not all models have proximity sensors. NC has regulations that address bypassing the safety device. Pawn shops are required to use a test stand. Does Thermo say it meets therequirements for the safety device? FL assumes people are trained to use it properly and the facility has SOP requirements. The specification page from manufacturer states it's password protected as well as locking shielded carrying case and belt holster. AK - has the condition in regulations that the device operator must attest to operational conditions of the device. Must document the operator is trained in proper use of device. Only to be used on objects, no human or animal use. No dosimetry required as no part of operator should be in the beam of the device. Has anyone seen stands or back scatter devices backscatter shields that would prevent someone from putting their hand in the beam? Some do come with stands. PA has seen stands and shielded sample enclosures. I think usage would depend on what they're analyzing. Metal beams and mishappen larger materials may not fit or be able to be analyzed in such configurations. If the XHWR is connected to the test stand it has a sensor that terminates the exposure if opened. Test stands are used in lab settings. What about required dosimetry? FL - No when used appropriately they shouldn't need it. WI, not if using safety devices, ring badge if not.	2023 04	Industrial, Dosimetry, Shielding

Will FDA plan on spending any time discussing the changes made at the MQSA training at the CRCPD conference?	They will be talking about it, but it is unsure how detailed it will be. Kate and Lisa were at the AAPM Spring Clinical Meeting and will include the recommendations in the MQSA training. NC would like some information on state vs federal rules on density. Generally, when there is a difference between state and federal requirements, they go with the more stringent. AAPM had good talk about it at their spring clinical conference. from Kathleen M Hintenmeyer PhD to everyone: 4:15 – 5:15 pm FDA Update: Amendments to MQSA Regulations David L. Lerner, MD, Medical Officer, FDA Div. of Mammography Quality Standards	2023 04	Mammography
What rules do states have on CT units in veterinary offices?	WI, NH, ID treated like a CT unit, but the user doesn't need to ARRT just trained. PA does not have regulations specific to veterinary CTs. KS requires all calibration, maintenance and QC listed in the user's manual to be followed for veterinary CT scanners. AK - Any CT unit must follow quality assurance of the device and of the image, regardless medical or veterinary. Operators in AK don't need license but the operator must have training.	2023 04	CT, Veterinary
Please see the attached document regarding concerns with the EvoCare X-Air handheld intraoral unit for discussion. Has anyone else seen these or had a similar issue with them?	This is included as a reasonably quick, easy way to disseminate information about this unit. Lisa forwarded information to FDA/CDRH TX will test it if found in their state. The FDA is currently investigating. They are not sure if they are approved or not and some states couldn't find it on the approved list. I will attach the information to the notes as well.	2023 05	Dental, Hand Held Devices
From Arkansas: What are the minimum qualifications your state will accept regarding training and experience of a Qualified Expert for CT?	ID doesn't differentiate between modalities. Asked to send CV and what they do/specialize in; IL has verification process, specifically for CT, are they board certified and various amounts of hours of training. TX has licensure process for diagnostic modalities, CT falls under this. MN has service providers general definition. For CT could be physicist or GE engineer; need to provide documentation of such training for CT units. FL doesn't have anything for CT specifically; for all equipment being evaluated – done by state licensed physicists. SC does similarly. AR interested in getting something in writing for what is acceptable. Wants to be able to find such document - # of hours trained, supervised evals. NE name Radiological Health Physicist – cert. by ABR, trained as Health Physicist, other related specialty, plus other documentation. OH also spoke about qualifications. IL has a process and must have 20 hours if board certified and 40 if not IA has nothing specific. Minn just has service provider. Must had doc they have received training in CT systems they are working on. SC, FI doesn't specify for CT. Dose calcs would use state licensed physicists. NC is be certified, or meet the requirements to be certified. But doesn't apply to Cone Beam, PET, etc.!!	2023 05	CT, Physicists
Does anyone have a list for qualified expert, would like to specify in writing about which degrees, additional training, and certifications.	In Nebraska, they have to be a radiological health physicist with ABR certification, or a master's degree + experience or BS + experience + training with letter from mentoring physicist. 004.02 RADIOLOGICAL HEALTH PHYSICIST. A radiological health physicist must: (A) Be certified by the American Board of Health Physics or the American Board of Radiology in therapeutic radiological physics, roentgen ray and gamma ray physics, x-ray and radium physics, or radiological physics, diagnostic radiologic physics; or the American Board of Medical Physics, or the Canadian College of Medical Physics; (B) Have a master's or a doctor's degree in a physical or natural science or equivalent, biophysics, radiological physics or health physics, plus one year of full time experience in radiation protection and measurements; or (C) Have a bachelor's degree in a physical or natural science or equivalent, plus three years of full time training and experience in radiation protection and measurements and a written statement from a radiological health physicist as defined in 180 NAC 15-004.02(A) or (B) that two years of training and experience in radiation protection OH certified x-ray expert. See OH admin code info on the TX LMP application <a href="https://www.tmb.state.tx.us/page/licensing-medical-physicist">https://www.tmb.state.tx.us/page/licensing-medical-physicist</a> From NC – <a href="http://reports.cah.state.nc.us/nrcac/title%2010a%20-%20health%20and%20human%20services/chapter%2015%20-%20radiation%20protection/10a%20nrcac%2015%20.0611.pdf">http://reports.cah.state.nc.us/nrcac/title%2010a%20-%20health%20and%20human%20services/chapter%2015%20-%20radiation%20protection/10a%20nrcac%2015%20.0611.pdf</a>	2023 05	Physicists
How are states handling special use requirements (replacement due to end-of-life deterioration, damage, or QA concerns; calibration checks or recalibration; etc.) concerning registrants using Direct Ion Storage dosimetry (Instadose)?	Does the registrant provide a procedure, and then this gets tied down in the registration as a condition (similar to how it would be handled in the Radioactive Materials licensing process. NRC RIS 2018-04)? There wasn't a clear answer to this the question was misunderstood. The question pertained to the use of instadose dosimetry during special use circumstances.	2023 05	Dosimetry
Clark from FL mentioned a seminar he observed that was sponsored by a camera company on "x-ray photography". Photographer has actually done this with human "models". He has used his own hands and feet as well as other people. The photographer in question, from CA, "borrowed" a doctor's office as well as the staff technologist to produce these images.	Bernie has found several clips on x-ray photography. One problem we face is that units are sold used on the internet all the time. Per Jennifer Ellee, it could be considered a medical event. As Matthew pointed out, the x-ray tech that helped could lose ARRT registration for this.	2023 05	
Per SC institutions are putting together a review board to evaluate using an XRF to measure lead in a human bone (living person). The make an exposure on the person's shin. Has anyone heard of this?	In WI people wanting to use x-ray must submit what they are looking for and how, and then it must be approved by the state. MN doesn't think FDA would think this acceptable. In FL a law firm took XRF to Flint MI exposing peoples shins for lawsuit purposes, wanted to do the same thing in FL, but they were denied. Angela – SSR talks about prohibited uses, are they asking for exemption? SC – University would need exemption for this. In PA, if a doctors registered unit is used without a prescription to take X-rays of humans for non-diagnostic purposes. that would be a violation. We've even had a situation where dentists have used their intraoral units to take images of fingers or toes that they thought were broken. Out of scope of practice, and a violation	2023 05	Research
The FDA believes the following two issues have improved and are no longer significant issues. CBCT systems sold without phantoms - Need specific details, preferably a copy of the FDA 2579 or equivalent Any x-ray systems where trainers or applications specialists are exposing staff during training without a prescription order. •Need specific details on the company/manufacturer •A copy of the inspection report would be sufficient If you are still encountering these situations, please share information with the FDA by emailing Donald.Miller@fda.hhs.gov.	Mary Ann/ Illinois is still seeing phantom issues. Any indications as to actions taken, i.e., phantom being provided, any other solutions to this? None that Lisa knows about. FDA in stages of collecting data and then figuring out how to move forward.	2023 06	FDA, CBCT, Prohibit Acts
TN has been approached for an exemption to lead apron requirement in cath labs, to be replaced by the Rampart portable radiation shield - States it provides better protection than apron. Specifications were listed as were how patients and staff are better protected. Lead aprons can lead to physical injury detriment due to continued lifting, and detriment due to poor face/upper body region rad. protection.	WI has been approached, as well as NJ for this exemption. NJ received data and provided exemption. This data provided to chat in prior meeting. SC has also had a requested exemption. They require data but are willing to provide exemption if certain conditions are met.	2023 06	Shielding
Does anybody do dental inspections on military bases?	NE does for National Guard units, so does NJ. WI has contractor who contracts with military that tests Nomads for all military bases.	2023 06	Dental, Jurisdiction
NE has come across CT's that the FDA lists as bone densitometers.	No one else has heard of these, although AK has seen podiatry units similar to the one described that do this procedure on feet. These appear to look like mini CT's that patients put their legs through for bone scans. One of NE universities uses one for research, but want to use it clinically.	2023 06	CT, Medical, Podiatry
Update on IEC acceptance and FDA performance standards	Mary Ann Spoher – In approximately 2017 the FDA proposed using IEC standards for new manufacturers for approval. The x-ray units will still need to be approved by FDA as an alternate standard. The main issue with is that the IEC standards need to be purchased. The purchase of them can get expensive as there are several of them and they are charged per standard, per person using them. They cannot be printed or downloaded. Also, the IEC standards need to be included in their premarket approval. Currently, the FDA is unaware of anyone using these, but that may change. MITA had plans to do a type of "cross-walk" to make the standards more readily available. That hasn't happened but there is another organization that is willing to help with this. The ACR presented this topic at the 2018 CRCPD conference and the bottom line is that this was decided b the FDA and it is "predictable and it will come." One issue TX and possibly other states have seen are manuals that list the IEC standards in them. But the number has just been listed instead the exact verbiage. SSR part F will need to be updated to include the use of the IEC standards. Part F is currently being evaluated. Please be sure to answer the survey on Part F that went out a few weeks ago. Any state can purchase IEC standards put there are many standards and parts and each part must be purchased separately and each user must purchase they're own. This will not be cheap. There will be differences because the FDA regulates manufacture of equipment while the states regulate usage. AAPM also has similar issues to ours.	2023 08	IEC, FDA

<p>Full disclosure, Minnesota does not license/register vendors, or distributors of x-ray systems. We do require registration of the individual service provider that assembles, installs, repairs, replaces one or more components in a radiation-producing equipment system or conducts calibrations or equipment performance evaluations.</p> <p>What does your state require when in and out of state vendors (industrial or medical) set-up operating (able to make an x-ray exposure) x-ray systems in for presentation/display at a conference or an event?</p> <p>Does your state license/register each vendor as a licensee/registrant same as an industrial or medical user when having an operable x-ray system for presentation/display?</p> <p>Does your state license/register vendors/distributors and this activity would fall under the vendors/distributors license or registration?</p> <p>Does your state have any restrictions when having an operable x-ray system in this situation?</p> <p>Does your state license/register vendors/service companies and the x-ray systems they possess for distribution or transfer?</p> <p>Does this license or registration allow the vendor/service company to operate x-ray systems at their facility in order to repair and verify operation before distribution?</p> <p>Does your state require training, radiation safety program, etc., is similar to an industrial facility that is required to license/register in your state.</p> <p>If you your state does not license/register vendors/service companies and the x-ray systems, they possess for distribution or transfer:</p> <p>Does your state allow vendors/service companies to verify operation (make exposures) at their facility?</p> <p>Does your state require vendors/service companies to have a radiation safety program, provide training to operators, and shielding evaluations for their facility depending on the systems being serviced?</p>	<p>MN does not register service companies but each individual service tech. How does everyone handle use at conventions? They are looking at changing their rule.</p> <p>Bill – Does MN have reciprocity? NO so everyone must be registered per statute.</p> <p>FL only allows vendors to hold for deliver. If they are going to turn it on for demo, repair, etc., they must register the device. Shielding rules would also apply. This also applies to vendors coming into the state to demo units such as c-arms.</p> <p>NJ has temp regs for a short time before they must register. They also cannot use people, must have a mannequin.</p> <p>LA is similar.</p> <p>CO, ID, VA, allow for reciprocity.</p> <p>CA allows 30 days for registration.</p> <p>CT requires all owners to register the device.</p> <p>In NH you would have to register each machine under reciprocity for demo purposes.</p> <p>WI requires notices of at least 48 hours, and they must be in the state less than 30 days.</p>	2023 08	Registration
<p>Again, full disclosure, Minnesota does not allow for the use mobile, portable, or system installed shielding in place of an individual wearing a 0.5 millimeter lead equivalent protective garment.</p> <p>Does your state allow for the use of mobile or portable shields, or system installed shielding in place of an individual wearing a personal protective garment?</p> <p>System installed examples:</p> <p>PROTEGO - Cath Lab Radiation Shielding</p> <p>EGGNEST by Egg Medical</p> <p>Rampart M1128</p>	<p>FL, NE, ID, SC - Staff and ancillary personnel shall be protected from the direct scatter radiation by protective aprons or whole-body protective barriers of not less than 0.25- millimeter lead equivalent.</p> <p>CA requires a request for exemption to use mobile shield in place of use of wearing apron</p>	2023 08	Shielding
<p>NH does backscatter on hand-held device Genoray X-Ray To Go have to be in place during use at a veterinary clinic?</p>	<p>CO will allow individuals using a handheld dental unit to not wear an apron if there is a scatter shield in place on the unit</p> <p>MN requires a variance for vet use and requires shield.</p> <p>NE, NJ, VA, ID requires backscatter shield at distal end, 0.25 lead equivalent.</p> <p>KS requires that handheld x-ray equipment must have a backscatter shield. The operator must also wear a lead apron and thyroid collar.</p> <p>KS does not allow the Genoray handheld unit.</p> <p>CA requires permanently installed backscatter shield.</p> <p>AK requires the scatter shield and protective garments. AL backscatter shield is required by the conditions of the</p>	2023 08	Hand Held Devices, Shielding, Veterinary
<p>Which states require physicists to be registered in their own state, when the physicist is performing surveys on a mammo RWS? i.e. a physicist has performed a survey/MEE for a RWS in Utah but the mammogram originated in Idaho?</p>	<p>IL, IA must meet state regs</p> <p>ID, meet MDSA reg</p> <p>NV must be registered with the state</p>	2023 09	Physicists
<p>A representative of the KnowelCam is wanting to sell this equipment <a href="https://www.knowelcam.com/">https://www.knowelcam.com/</a> to mobile chiropractors in NC that will be used in a van. The representative told NC it is currently sold in TX, CA, OK, FL and will soon be sold in AK. They are marketed for use in podiatry offices, urgent cares, and for mobile chiropractic doctors. Can anyone share their states experience with this equipment? They are handheld devices used in a van.</p>	<p>Nothing in WI, SC, ID, HI, CO, CA</p> <p>It doesn't meet code in most states – WI, NE, ID, MN, NJ, TX, MO</p> <p>PA has seen a similar unit, the Europa Airtouch, it has a set SID but was unable to collimate. The machine was replaced by the manufacturer, and it was better. TX had the same thing happen and the unit was replaced but it didn't change anything.</p> <p>CO asked if this has been FDA approved? Per Lu Jiang, the FDA will update as they get more information.</p>	2023 09	Hand Held Devices
<p>If anyone has any online courses for Limited Scope Radiographers / NCT, can you please email with links to the course information <a href="mailto:Karen.George@state.co.us">Karen.George@state.co.us</a> and <a href="mailto:Katherine.Liberman@state.co.us">Katherine.Liberman@state.co.us</a>.</p>	<p>Licensing law in NJ, WI, courses must be through an accredited program in order to sit through the exams.</p> <p>WI test is an ARRT test.</p> <p>IA has very specific requirements that has an online course. Their test is also contracted through ARRT "Control the Dose X-Ray Technician Training" course meets this.</p> <p>MN lists approved courses. "Control the Dose X-Ray Technician Training" is one of them</p> <p>ID has come across course that is decent and would recommend being taken: <a href="https://www.olympichp.com/">https://www.olympichp.com/</a></p>	2023 09	Operator
<p>NV would like to submit the following regarding stored radiation producing machines (RPMs):</p>	<p>Which states track stored RPM machines?</p> <p>CO, MO, FL, ID, UT, VA, HI, NJ, PA do track these</p> <p>WI, TX, AL, NC, CA, MN, IL, NB, only if operable</p> <p>NH, CT, inoperable and tagged out of service</p> <p>SC tracks each facility's RPM's. If they are not in operation, we have an option to make them inoperable.</p> <p>What is the purpose and process for tracking stored RPM machines? Are violations given if an inoperable RPM is found during an inspection and the registrant states it is in storage but has not notified your program? Do you require the registrant to attestor confirm the location of their stored RPM at a particular time interval (i.e., every one, two or three years)?</p> <p>IL, NV, yearly</p> <p>ID, NC, UT, VA it depends on inspection frequency</p> <p>HI checks on them when they do the licensing</p> <p>MO every 2 years</p> <p>What type of stored RPMs are tracked?</p> <p>Always stationary units</p>	2023 09	Stored Devices
<p>The State of Nevada Radiation Control Program has been seeing an increased of dental handheld radiation producing machines (RPMs) that are not FDA approved. In some instances, these RPMs were given with an install of another dental machine and in other instances, purchased directly from an U.S. and overseas vendor and/or online, like from eBay.</p> <p>Our regulations state that all portable equipment which is hand-held must comply with the applicable performance standards of 21 C.F.R. §§ 1020.30 to 1020.40, inclusive, which were in effect at the time the unit was manufactured. We are also seeing that some of the vendors/installers are from neighboring states and bringing the devices with them. Are other states having similar situations and what process/policy do you implement, like contacting the states – informing them of the situation?</p>	<p>NJ will ask where the unit came from and they are embargoed if not approved. Warning them about them and taking them out of service.</p> <p>EVO care has different models, only some are FDA approved.</p> <p>Does anyone have an example of a legit FDA sticker?</p> <p>Lu Jiang suggests that these are sent to the FDA with all pertinent information</p> <p><a href="https://www.fda.gov/medical-devices/reporting-allegations-regulatory-misconduct/allegations-regulatory-misconduct-form">https://www.fda.gov/medical-devices/reporting-allegations-regulatory-misconduct/allegations-regulatory-misconduct-form</a></p>	2023 09	Dental, Hand Held Devices, FDA
<p>MN just received an inquiry on the Adapix portable veterinary X-ray digital tomosynthesis system. Does anyone have or allow its use in their state?</p>	<p>UT, ID, CO, NE just received information on this UT will require an exemption</p> <p>ID adopted the CRCPO SSRs and the term "Dead Man Switch" was deleted from Section F. We require a method to terminate exposure.</p> <p>NE requires a dead man switch so it doesn't meet requirements</p> <p>MN doesn't have requirements against this.</p> <p>TX also requires the deadman switch and they don't allow for exemptions</p>	2023 09	Portable/Mobile, Veterinary
<p>Woodpecker handheld dental? SC is following up on this brand, NV has an inspection on one soon. Has been approved but the FDA. However, not all components have been certified.</p>		2023 09	Dental, Hand Held Devices, FDA
<p>SC has any other states asking if the have their own version of the 2579. The 2579s are available electronically but no longer an official form.</p>	<p>IL specifies the information they need so they can use either.</p> <p>ID uses 2579. We have a link on our website to upload them.</p> <p>NE tries to get them but uses anything that contains all the information.</p>	2023 09	FDA
<p>From Arizona - In reference to the SSR/C, Part D, Section D.1502(p)(v), which requires the use of individual monitoring devices by individuals working with medical fluoroscopic equipment: Do any states issue exemptions from this rule for facilities which provide evidence that the dose to some individuals is below 10 percent of the annual limits?</p>	<p>NC gives RSOs the ability to decide who needs to be badged.</p> <p>TX do not allow exemptions. At any time the dose rate and/or fluoro time could increase.</p> <p>IA does allow exemptions, but it goes go through a physicist showing they haven't have more than permissible dose in 3 years.</p> <p>From Alabama - from Nick Swindall to everyone:</p> <p>(e) Personnel Monitoring. Each registrant shall provide personnel monitoring devices which shall be used by: 1. Each individual who receives, or is likely to receive, whole body dose in excess of 25 milliroentgens per week; 2. Each individual who enters a high radiation area; 3. Each individual who operates mobile x-ray equipment; 4. Each individual who operates fluoroscopic equipment; 5. Each individual while he services an operable x-ray producing machine.</p>	2023 11	Fluoroscopy, Dosimetry
<p>From Louisiana - We are seeing a lot of Nomad (Aribex) handheld dental units with badly damaged housing, holes, coming apart in the middle area, etc. Are others seeing this? Do we think this is an age of the unit issue or just a handling issue? How are you handling this?</p>	<p>PA found 8 Nomads that were breaking apart and they called the company and they were told it was from cleaning products. Serena didn't find and tube leakage when tested. Another state was similar. I didn't catch which state</p> <p>WI would make them fix to keep to manufacturers specifications. Really only and issue if leakage and there is a concern with hygiene issues</p> <p>TX made them remove one from service until it could be tested.</p>	2023 11	Hand Held Devices, Dental
<p>TN - Are there any states that use web-based licensing (WBL) for X-ray?</p>	<p>UT uses Salesforce and allows registrants to do everything online they have custom designed it and built it for their use.</p> <p>TX has a portal for registrants to look at license and eventually they will be able to make changes.</p> <p>WI says NRC offers a web-based program for materials and have recently opened it up to be used for x-ray but IL</p>	2023 11	Registration

<p>From Texas - We have a facility in Texas that is wishing to image breast specimens with a C-arm to confirm margins. Although Texas DSHS has no regulation prohibiting this as long as the operator is properly credentialed and it is not for Mammography use, we were wondering if any other states have heard about this and what their response to the situation was.</p> <p>Emails about specimen imaging: Lisa, and Michelle had unique question about specimen imaging. A facility wants to know if they can use a C-arm to image specimens. I don't see an issue with this as long as the operator meets the TMB requirements, an RT, and that their exposure is monitored by dosimetry. Is there anything that we should be concerned about other than it's weird?</p> <p>I'm not sure this would be considered a good practice for patient care. The techniques used on a dedicated mammography unit and those of a C-arm are very different. If you are using imaging techniques to confirm the excised tissue contains all of the anatomy of concern, there is a very good chance that it would be completely missed by using a c-arm, especially very fine calcifications. I realize all tissue samples are later sent to pathology, but the point of imaging the specimen during the procedure is to ensure the entire area of concern has been excised. We may not have anything in the regulations that would prohibit this, but I don't think we can approve it. I would encourage them to have a conversation with their mammography physicist. Are they referring to using a C-arm for intraoperative breast specimen assessment? If their aim is to help confirm margins and removal of targeted lesions using x-rays, standard specimen mammography (SSM) or intraoperative specimen mammography (ISM) seem to be the only appropriate options. Do you know if they were proposing to use the C-arm for a gross analysis to look for clips or markers and then perform specimen mammography to confirm? What are the margin assessment methods approved by the FDA for breast-conserving surgery? Is it possible that the FDA contraindicates use of C-arms for "evaluating" resected breast tissue?</p>	<p>ID has not heard of this practice.</p> <p>WI is concerned about adequate detail and proper technique for tissue being imaged which is what TX told them.</p> <p>WI, IL, IA (RAMS program handles) will also do an investigation.</p> <p>Has anyone thought of adjusting verbiage for SBRT and SRS? This has been discussed in SSR Part X working group but hasn't been changed. TX has had experience with it. If you have questions, get in touch with Lisa Bruedigian.</p> <p>PA definition (25 PA 219.3): Medical reportable event for radiation-producing machine therapy—The administration to a human being, except for an administration resulting from a direct intervention of a patient that could not have been reasonably prevented by the licensee or registrant, that results in one of the following: (i) An administration of a therapeutic radiation dose to the wrong individual, wrong treatment site or using a treatment delivery intended for another individual. (ii) An administration of a dose for therapy identified in a written directive that differs from the prescribed dose for the treatment site or any other organ from the intended prescribed dose, by one of the following: (A) More than 20% of the total prescribed dose. (B) Exceeds 30% of the weekly prescribed dose. (C) Exceeds 50% of a single fraction dose of a multifraction plan. WI, AL is the same</p>	2023 11	Mammography
<p>From Colorado - I am curious if states issue a citation when a therapy facility reports a medical event. What does your state do in these cases?</p>	<p>NC will conduct an unannounced investigation and issue noncompliance if necessary.</p> <p>WI, IL, IA (RAMS program handles) will also do an investigation.</p> <p>Has anyone thought of adjusting verbiage for SBRT and SRS? This has been discussed in SSR Part X working group but hasn't been changed. TX has had experience with it. If you have questions, get in touch with Lisa Bruedigian.</p> <p>PA definition (25 PA 219.3): Medical reportable event for radiation-producing machine therapy—The administration to a human being, except for an administration resulting from a direct intervention of a patient that could not have been reasonably prevented by the licensee or registrant, that results in one of the following: (i) An administration of a therapeutic radiation dose to the wrong individual, wrong treatment site or using a treatment delivery intended for another individual. (ii) An administration of a dose for therapy identified in a written directive that differs from the prescribed dose for the treatment site or any other organ from the intended prescribed dose, by one of the following: (A) More than 20% of the total prescribed dose. (B) Exceeds 30% of the weekly prescribed dose. (C) Exceeds 50% of a single fraction dose of a multifraction plan. WI, AL is the same</p>	2023 11	Therapy, Medical Events
<p>From Illinois - I was just wondering if any other states have started to see this piece of equipment. Here is the link <a href="https://turnerxray.com/sports-medicine/">https://turnerxray.com/sports-medicine/</a>. I wondered how other states are handling it. We have seen one in a podiatrist office and a surgery facility.</p>	<p>No TX, ID, PA would probably treat it as a mini fluoroscope and require annual physicist survey.</p> <p>NC has had inquiries but hasn't seen them yet. They would treat it as a mini fluoroscope and cannot be handheld</p> <p>Additional questions: What are the indications for use? What happens when the batteries get low? How does the sales guy demonstrate it with no phantom?</p> <p>It has seen them in surgery centers and podiatrist offices.</p> <p>Regina from NC is going to do some investigation on this and report back next month.</p> <p>There is also concern on tube output when the batteries get low.</p>	2023 11	Hand Held Device, Medical, Fluoroscopy
<p>From Ohio - Do other States currently require technologist certification in both Nuclear Med and CT to operate PET/CT scanners?</p>	<p>WI has radiography license and also a combination license for qualified individuals. This is defined in code.</p> <p>IA nuclear med techs can operate PET but must have a radiography certification to do any diagnostic imaging.</p>	2023 11	Operator, CT, Medical
<p>Do other States currently require technologist certification in both Radiation Therapy and CT to operate CT Simulators?</p>	<p>Therapists can only perform for simulation, not diagnostic didn't catch the state</p> <p>AK, CA allows therapy techs to operate CT simulators but not for diagnostic procedures.</p>	2023 11	Operator, CT, Therapy
<p>From Arkansas - Adaptix Limited's x-ray system design does not incorporate a dead switch. Do you-all have ANY insight as to how your organizations may have addressed the fact that a dead man switch is not part of their x-ray system design?</p>	<p>It would not be authorized in TX if it did not have a means to terminate the exposure.</p>	2023 11	Medical, Dental, Veterinary
<p>Nebraska Which states allow Remote CT Imaging? What requirements does your State have for facilities and persons who perform remote CT imaging? Is Tech licensure required for both the remote operator and the person who is assisting, or just the remote operator? Must the remote operator be in your state or can they work out of state? What training is required for assisting persons? Are there limitations on the types of CT exams that can be performed remotely such as Invasive Intervention procedures? Are job duties for the remote operator and the assisting persons specified and are there limitations?</p>	<p>In Wisconsin the tech has to be in the room. The licensing requirement is for the tech operating the machine. The remote person wouldn't have to be licensed, but the operator has to be.</p> <p>In Florida that they have to have a rad tech in the room. You have to have a full CT or full rad tech in the room doing anything.</p> <p>In Colorado, submitted the document that was attached to the agenda. We basically require the operator, and anyone involved in the examination itself be adequately trained. Requires that the operator be an RT and registered in CA.</p> <p>Rika Waller - is CRCPD working on a position statement for remote imaging?</p> <p>Lisa Bruedigian - Yes, it is almost finished, but it is relatively neutral. It just talks about what should be looked for and makes a couple of suggestions but know it's going to depend on the state and their licensure requirement.</p> <p>Wisconsin's like Florida, and a RT doesn't have to have a CT certification to do CT. They can be trained on the job and not have taken that CT test.</p> <p>Illinois has the same requirement as Florida.</p> <p>Hawaii has the same requirements as Florida and Wisconsin</p> <p>Texas is the same as Florida.</p> <p>Colorado requires the technologist performing CT to be certified.</p>	2024 02	CT, Operator
<p>New York - Application received for an X-ray unit called NANOX-ARC - Gives the impression that it may be a tomography unit. However, its principle of operation, the applicable QC tests, and its functionality resembles more like an ordinary plain radiographic unit. We would like to find out if there is already some experience in reviewing a permit application for this device, and what requirements were applied in regulating its use.</p>	<p>Florida, we have not seen one of these units. We were approached by an investor in the company who had gotten information from the manufacturer, that they installed several in Florida, and other parts of the country, and they were going around looking to see where/who had them. He said it's basically a tomo unit, with five fixed tubes. It's one where we could actually test the tubes like you would on a standard radiographic. Or, individually as an option. But again, we haven't seen it, to make a final decision. We haven't had any 2579's, as of this meeting.</p> <p>Texas, we are not familiar with this device and have not seen one, as of yet.</p>	2024 02	Medical
<p>Are PEDCAT CT's being regulated in other states as normal CT units or are they are treated differently? Additionally, what type of evaluations/training do other states require for these units? This device is a 3D CT unit, used for feet/ankle imaging.</p>	<p>Florida, has several of them. They are CBCT units and are equivalent to the dental CBCT unit. Florida's regs are based on who is operating the device on what we can require for training and whatnot. If it's in a podiatry practice vs. and orthopedic office, then each have different requirements for the operators and training. If it is in an MD Type office and then we'd have the full rad tech requirements and things like that.</p> <p>Iowa, they would have to have a full RT permit to practice with our license. We do have a Podiatry limited license, but they would not be able to use this device with being a full RT. Minnesota, if it's a combined CT system, they'd have to be at RTR, they could not use their limited exam for Podiatry and operate these systems.</p> <p>Colorado's like Florida, depends on where it's being used. This would determine what requirements would apply.</p>	2024 02	CBCT, CT, Podiatry
<p>Florida - Is anyone familiar with the Aspen Europa - portable X-ray system and digital package? We got a request from a company. Asking about if that we would allow this system to be used in Minnesota, and the question I just responded back to him that they have to, be approved by the FDA, then they would approve. No response back from the company, but the device looks like a dental only unit. It has a collimator on it versus a cone. It's a 60 K VP2MA system and they want to use this in an orthopedic clinic. That was the conversation that I had with the gentleman. Has anybody else ran into this system?</p>	<p>Texas - We required the device to be used on a stand and there was another requirement</p> <p>Kissinger, Regina - Are there any states that require a company that contracts with radiation workers to provide dosimetry, such as a travel tech situation. With the lack of RT's, I was just wondering.</p> <p>Again, do any states require a company that contracts radiation workers to provide dissymmetry for those workers?</p> <p>Nevada, we do not. It's our registrant and licensees' responsibility to provide the dosimetry and maintain the records.</p> <p>Texas, we require dosimetry, but we don't specify who provides it.</p> <p>Idaho is the same as Texas.</p> <p>In Florida, the registrant licensee is who is responsible for it.</p>	2024 02	Dental, Hand Held Devices
<p>What states have been approached by or are familiar with "The Control the Dose Medical Program"? They provide a 12-week radiology technologist training program for limited scope and a few others. Pros/Cons of this program. Home - Control the Dose</p>	<p>Iowa - Approved in their state; aid in finding clinical rotations for students. They're required to submit training requirements to be approved, to ensure their meeting the correct number of didactics, competencies, and clinicals (no simulation, has to be under direct supervision). Criteria is set by the agency, some can be found in the rules, and it defines what has to be taught. Iowa does have a scope of practice that outlines exactly what you can do and what you cannot do as a limited scope tech through ARRT. They cannot perform skull work in their state, perform fluoro or CT. They have to have an approved clinical instructor at each site, that would sign off on their work. They have to maintain their competency checklist rosters that contains all of their clinical exams that were signed off on by the clinical instructor.</p> <p>Minnesota - Their website needs to be updated, as it seems like it is approved in Minnesota and that's not the case, as they have to still sit for the ARRT limited exams; Must be an ARRT accredited program so this program does not meet those criteria.</p> <p>North Carolina - the state wouldn't license one of their operators; and they don't have the authority to approve a license. Clinicals are reviewed after-the-fact, so they discuss the x-ray after it has been completed. She stated that in North Carolina that once the student goes through their structure training, then they take the image and if it needs correction, they review the images after they have been taken. They have a scheduled online review time period set weekly, and that is when their images are critiqued. Asked the company to provide their pass rate and she was not able to provide that information. Are they restricted in their modality? They are limited with their body part.</p> <p>New Jersey - does not recognize it as being an approved program as it doesn't meet their scope of training and timeline of the training. Doesn't meet the required state board standards, posted on the <a href="http://www.xray.nj.gov">www.xray.nj.gov</a> and it lists the requirements to get a license.</p> <p>Wisconsin - They do have a limited licensure program, that is approved by ARRT, so this program would not meet their guidelines. They cannot perform fluoro or CT.</p> <p>Texas - Suggested reaching out to ASRT, as the students are not supervised. Lisa asked how you can adequately teach positioning when there isn't someone to show you or correct you in-person while you're going through the training.</p>	2024 04	Operator

When conducting inspections of large hospitals do you review the physicist reports for ALL equipment? If not, how do you determine what to look at? Several of our larger facilities have over a hundred pieces of equipment.	Texas -- requires that all EPE's are reviewed, dates documented and submitted as part of their reports. Texas has 22,000 sites, so it is not feasible to test all devices. North Carolina -- follows suit with Texas. Wisconsin -- still tests all machines and they review all physicist reports. Hawaii -- Tests some devices and reviews the EPE's. Florida -- 11 tubes or more, they test all 11 devices and then they spot-check the devices by reviewing the physicist reports (confirm date is within the last year), if it hasn't been done within one year, then Florida requires that all devices be tested. AAPM -- Provides all report data for the site, so they can share that information with the inspector.	2024 04	Inspecting
Do any states offer any kind of "reciprocity / waivers" for x-ray operator licenses/registrations for travelers (short / term limited employment)?	Wisconsin -- they're required to be licensed in the state. Hawaii -- same as Wisconsin If your state allows license/registration "reciprocity / waivers," is there a timeframe where registration is waived? If so, what is the time limit for this waiver (i.e., 180 days or less)? Texas -- the only time it is approved is in conjunction with the free clinics that come into the state. For any state allowing license / registration "reciprocity / waivers," is there documentation of that person having approval to work in that state for the term limited position? If the traveler stays longer, are they then required to get licensed / registered in that state? N/A for other states Do ALL "traveling assignments," x-ray operators must register in your state to operate x-ray equipment, even if that person is only working a very term limited assignment (i.e., a week, a day)? N/A for other states For any state that requires heart cath specialists to obtain a fluoroscopy operator registration / license, do you have a special provision for travelers and state registration? N/A for other states	2024 04	Operator
Colorado - The inspection cycles are specific to our state, but I am looking for background on the differences between these units and the reasoning for the differences. 1) For podiatry units capable of continuously variable kilovoltage peak (kVp) or continuously variable milliamperage (mA) or continuously variable collimation; they are on one year inspection cycle. 2) Podiatry systems used at less than or equal to 30 mA; they are on a 3-year inspection cycle in Colorado. What can you tell me about these machines? Why would different inspection cycles have been suggested when this requirement was developed? Does this differentiation even apply in today's practice?	Texas - inspection intervals are based on risk. Podiatric only poses less risk compared to other modalities. In Texas we have too many registrants, so we focus on ones that are higher risk and stagger the lower risk modalities further apart for inspection intervals. Illinois - SSR part F - inspection intervals were not discussed. In Illinois, our Podiatry units are in the same category as a medical clinic, which is inspected every two years. Also mentioned that she looks at the like dental units, that are inspected every 5 years. Looked at them like dental units. Nebraska - We're on a four-year cycle with Podiatry units and we treat them like dental. Minnesota has them on a four-year cycle with our general radiography. Also have mini-carms in podiatry practices that are on a three-year inspection cycle. Florida, podiatry is every five years like we do for dental.	2024 05	Podiatry
Arkansas -- What do other states do to qualify a diagnostic medical physicist to be able to perform surveys on fluoroscopy?	Illinois We have an approval process for medical physicists, although we call them diagnostic imaging specialists or therapeutic radiological physicist, depending on if they're performing diagnostic or therapy surveys. Facilities that are classified as hospitals or that have mammography or therapy equipment, must have a medical physicist/ diagnostic imaging specialist evaluate all their extreme machines on an annual basis. But if it's a fluoroscopic unit in a medical clinic, they would not be required to have a physicist evaluate that unit. Nebraska -- same as IL Alaska - For medical physicists, we have two separate requirements. One to service devices, the other to do work and things that pertain to patients.	2024 05	Fluoroscopy, Physicist
How are states handling dose to public for portable machines? When inspecting, are you expecting to see an area survey or public area dosimetry system used? Would you look at this situationally? (50 rooms vs 3 rooms)	Nebraska - Does not require a shielding review or monitoring if it's a mobile unit used in multiple rooms, regardless of the number of rooms. New Hampshire - Requires a physics report of the machine but not a room survey. Requires scatter plot for c-arms. Pennsylvania - Does not require an area survey/scatter plot unless the unit was fixed in a certain location for an extended period of time. When inspecting, PA is looking for proper shielding and machine evaluations. Fluoroscopy- annually. C-arms are not required to be evaluated annually, though most physicists do it anyway. North Carolina- Requirements are similar to Nebraska, but notes they did not allow a stationary radiographic unit to be used as a portable because it didn't meet the operator behind a protective barrier requirement.	2024 11	Portable/Mobile, Dosimetry, Fluoroscopy
If a portable machine is put in a room and becomes fixed, with fixed geometry, table, and bucky, is it still considered a portable unit in your state?	Florida - If the machine is set up in a room for one week (7 days) it has to meet the standards of fixed units. Nebraska - If the machine is no longer mobile, it must meet the requirements of a fixed unit. It must have fixed geometry and the control must be behind the barrier.	2024 11	Portable/Mobile
Portable radiation shielding systems, Rampart M1128. Has any state approved an exemption so the operator doesn't have to wear an apron?	Vermont - Viewed a demonstration of the shield. Noted a crack between two panels of the shield, which the demonstrator said, "There's no way for scatter to make it through." Vermont/Amy did a survey at 6ft and noted 2.5mR/hr. Texas - Allowed an exemption for a facility, but the physicist provided proof that the shield meets or exceeds Texas regulations. New Jersey - Allowed an exemption for using the whole-body shield for the operator, but everyone else in the room not protected by the shield must wear a protective apron.	2024 11	Shielding

Topic	State Responses	Meeting Date	Cross Reference
Has any State as yet approved Xoran xCAT IQ CBCT? What concerns have you had in regard to compliance with your state regulations?	ID – no AR – No, has not approved the use due to the qualifications of the operator and lack of operator protection Many of the states have not been contacted for approval of this.	2019 06	CBCT
SC has a couple of questions: For states that have minimum requirements for physics testing for different equipment types (i.e., radiographic, fluoroscopic, dental, etc.), do you have minimum requirements for CBCT or Dental CT units? If so, what are the requirements?	ID - follow the CRCPD SSRs AZ - amended their rules to just have their physics survey required after installation. HI - initial testing and biannually thereafter WI- Manufacturer's' recommendations PA requires performance evaluation within 30 days after install and no more than 14 months apart after and after any changes in major components. Any specific tests required? PA requires the tests are what is required by the physicist except for collimation since there are no national standards.	2020 07	CBCT, Dental, Machine Testing
What do other states require for the dose evaluation aspect of a CBCT (Cone Beam CT) unit evaluation? Currently, our rules require the physicist to evaluate via CTDI (CT Dose Index), but that is not always possible. Many of our physicists are presenting arguments supporting DAP (Dose Area Product) as a viable option. I'm trying to collect data/information to support or reject this proposal during the next time our rules open for amendment. As a continuation for question two, do other states identify a list of QA/QC tests that must be performed for CT and/or CBCT? Or are those left up to the discretion of the physicist?	Melissa said most CBCT units are tested for accreditation. Tests required are those that are required by IAC. States should use these tests as a recommendation NC does have rules regarding manufacture recommendation, performance in rule for CT, CBCT requires cfr 1020.33 CT units parts CBCT for various items to be tested. For CBCT Ken from PA requires annual physics testing but not dose evaluation Beam alignment 2% SID, edges and center when applicable. AAPM has a committee working on this. It was felt that there should be no problem getting CTDI and that DAP wouldn't be as accurate.	2021 05	CBCT, Machine Testing
Recent updates to PA regulations require annual CBCT evaluations of beam alignment; "Beam alignment. The X-ray field in the plane of the image receptor may not exceed beyond the edge of the image receptor by more than 2% of the SID, when the axis of the X-ray beam is perpendicular to the plane of the image receptor. In addition, the center of the X-ray field must be aligned with the center of the image receptor to within 2% of the SID." A lot of the CBCT reports I've reviewed have typical output measurements (KV, COV, ESEs, etc.) but many do not include an evaluation of beam alignment. In fact, some physicists have called and asked how they are expected to test it/satisfy that line item in the regulations. I am curious if other states have a similar requirement and what they have seen and accepted (Pass/Fail evaluations, percent error measurements, screen shots, etc.)?	NO - UT, ID, FL, MN, WA, AL, WI manufacturers' suggested requirements CA, HI - manufacturers' suggested requirements + scatter CA states most issues they see are with phantoms because the facilities don't know about the phantoms. The FDA does require the manufacturers provide a phantom and the FDA will go after them. Phantoms are always available but if they aren't part of the purchase price, the registrants often don't purchase them. Per HI: They have a physicist group that does testing for the CBCT unit. This is how the physicist does the performance test: "Field Size A sheet of gafchromic film is placed on the surface of the image receptor, and an exposure is made. The size of the xray field is measured on the film and compared with the scanner specifications. The specified size of the image receptor is 147 x 112 mm. X-ray field/Image Receptor Alignment: The x-ray field must be properly aligned with the image receptor, and should not exceed the size of the image receptor by more than 2% of SID. Strips of gafchromic film were taped across each edge of the image receptor. Exposures were made until the edge of the x-ray field was clearly visible on the film. The distance from the edge of the x-ray field to	2021 08	CBCT, Machine Testing
AL asked about the shielding for the VetCAT CBCT being used on animals. Has anyone else seen these? It is being promoted as "self-shielded" with 10 mR per scan 1 meter away. NE is asking about VetTom CT	WI has something similar and the facility had to shield 2 walls.  - WI same as any CT - VA is in process of developing regulations. Tom Verdicchio is currently working on them - HI requires shielding plan but the unit itself is subject to veterinary xray regulations.	2021 11 2021 12	CBCT, Shielding, Veterinary CBCT, CT, Veterinary
Illinois has a question regarding dental, specifically CBCT. I wondered how other states handle this regarding the dead man type switch or if they have this regulation. I have seen some that do not have a dead man type switch but had an emergency stop button right by the start button which is behind a wall. The patient is also provided with an emergency stop button right on the machine that they can use. This is how our regulation reads: "Exposure Switch Arrangement. The exposure switch shall be a dead-man switch and shall be arranged so that the operator can be behind a protective barrier or at least 1.83 meters (6 feet) from the patient and the tube housing during an exposure." Not all units have a dead man switch. For CT units it is generally unfeasible to have a dead man switch. Per CRCPD SSRs and 21.1fr "Means shall be provided to terminate the x-ray exposure automatically by either de-energizing the x-ray source or huttering the x-ray beam in the event of equipment failure affecting data collection. Such termination shall occur within an interval that limits the total scan time to no more than 110 percent of its preset value through the use of either a backup timer or devices which monitor equipment function. 21.1cfr1020.33(f)(2)(i). n looking through the suggested state regulations, the term dead man switch has been changed to a means to terminate the exposure.	NH would consider a stop button in a shielded location acceptable. It is also felt ICAT setup should be acceptable per requirements. Melissa believes that if you can start the unit but have the ability to stop it, it meets the intent of the regulation. CT regulations for PA are worded " 221.202(e)(e) Status indicators and control switches... (2) The emergency buttons or switches shall be clearly labeled as to their function. (3) Each individual scan or series of scans shall require initiation by the operator. "	2022 01	CBCT, Dental
Lisa from TX got call about a J Morita CBCT unit that does a bone density scan then a CBCT. It doesn't show any technical factors before doing the CBCT.	Kenny has seen units that do a scout image beforehand. He is not sure what the scout image is for. The unit usually needs to be put in service mode to measure the CBCT scan without doing a scout image.	2022 03	CBCT, Medical
Until recently Minnesota had been basing dental/maxillofacial cone beam computed tomography quality control requirements of CFR Section 1020.33 Computed tomography (CT) equipment.1020.33, (d) quality assurance and phantom requirements on the way that the FDA has been classifying the x-ray system in the 510k Premarket Notification Database. FDA had been classifying these systems under the Device Classification Name as either System, X-Ray, Extraoral Source, Digital, or X-Ray, Tomography, Computed, Dental. MDH had a discussion with the FDA and found out that regardless of how a CBCT or 3D system is classified, if it is capable of performing CBCT or 3D imaging, the system is a CT system and the system and manufacturer must comply with the requirements of CFR Section 1020.33 Computed tomography (CT) equipment.1020.33. Some states may be aware of this but MDH just wanted to let everyone know. Per FDA and CRCPD white paper the manufacturer is supposed to supply a phantom with instructions for QC. The phantom is the issue that Minnesota is having an issue. In 2017 CDRH used to want to know if a phantom was not supplied. This was bypassed by classifying these as extraoral dental radiographic units. There is some discrepancy because they can be used as 2D but are 3D ready with a software upgrade.	PA has had many discussions with the FDA regarding this and hasn't received any help. PA require as QC program using a phantom by following the manufacturers requirements. Many facilities don't know that it is in their owner's manual. NC is having the same issues of operators not knowing how to use the phantom. Also, NC has had installers mark "other" for type and it depends on what software is being used. So, it is very difficult to figure how they are using these. Serena from PA "I often reference that 1020.33 regulation to tell users that they do not have to pay separately for the phantom. The vendor is required to provide an appropriate phantom specific to the unit." From Bill in WI it would be nice if CRCPD could come up with a generic minimum of CBCT QC tests we could hold them to in the absence of the manufacturer's recommendations. The problem is there are just way too many differences between mfg.'s & models. Until there are national standards in place we must rely on them.	2022 04	CBCT, Dental, FDA
CA ask if anyone has seen the new Planmeca Viso G7. It has a "face" mode as well as pano, jaw, and teeth. Has anyone else seen this CBCT unit, and how do they apply their dental regulations to this mode? CA has regulations that apply to dental, but "face" includes maxillary sinuses and orbits. In the past, this is a scope of practice for ENT (medical) and not dental. Any thoughts?	ID, NC, SC has not seen it Per Mahesh Carestream has one, and he has info on it. Its use is in the radiographic setting. Per Melissa, what are the requirements since it went from a dental setting to ENT? CA has it in a dental office, and they default to the face mode. Dentists and RDAs are the ones using it. TX is it possible for Planmeca to turn this option off if in dental facility or make issue from the dental board. Mahesh - Both G7 has two modes which are 3 x 3 cm and 30 x 30 cm field size. The bigger field size is used on face mode. AAPM can have their CBCT committee look at into it. "I did some research on this after the call, and "face mode" appears to be a function that integrates photographs with x-ray imaging. The website below explains how face mode can be used with no radiation involved. However, I believe the problem is that are scanning every patient with a 30 x 30 cm field size. <a href="https://www.planmeca.com/imaging/3d-imaging/planmecapoface/">https://www.planmeca.com/imaging/3d-imaging/planmecapoface/</a> <a href="http://publications.planmeca.com/Brochures/Company/Planmeca_Group_en_low.pdf">http://publications.planmeca.com/Brochures/Company/Planmeca_Group_en_low.pdf</a> facility aware of this. CA was told it was a scope of practice	2022 08	CBCT
Lisa from TX got call about a J Morita CBCT unit that does a bone density scan then a CBCT. It doesn't show any technical factors before doing the CBCT. The FDA believes the following two issues have improved and are no longer significant issues. CBCT systems sold without phantoms - Need specific details, preferably a copy of the FDA 2579 or equivalent Any x-ray systems where trainers or applications specialists are exposing staff during training without a prescription order. •Need specific details on the company/manufacturer •A copy of the inspection report would be sufficient If you are still encountering these situations, please share information with the FDA by emailing Donald.Miller@fda.hhs.gov.	Kenny has seen units that do a scout image beforehand. He is not sure what the scout image is for. The unit usually needs to be put in service mode to measure the CBCT scan without doing a scout image. Mary Ann/ Illinois is still seeing phantom issues. Any indications as to actions taken, i.e., phantom being provided, any other solutions to this? None that Lisa knows about. FDA in stages of collecting data and then figuring out how to move forward.	2023 03 2023 06	CBCT, Medical FDA, CBCT, Prohibit Acts
Are PEDCAT CT's being regulated in other states as normal CT units or are they are treated differently? Additionally, what type of evaluations/training do other states require for these units? This device is a 3D CT unit, used for feet/ankle imaging■	Florida, has several of them. They are CBCT units and are equivalent to the dental CBCT unit. Florida's regs are based on who is operating the device on what we can require for training and whatnot. If it's in a podiatry practice vs. and orthopedist office, they each have different requirements for the operators and training. If it is in an MD Type office and then we'd have the full rad tech requirements and things like that.■ Iowa, they would have to have a full RT permit to practice with our license. We do have a Podiatry limited license, but they would not be able to use this device with being a full RT.■Minnesota, if it's a combined CT system, they'd have to be at RTR, they could not use their limited exam for Podiatry and operate these systems. Colorado's like Florida, depends on where it's being used. This would determine what requirements would apply.■	2024 02	CBCT, CT, Podiatry



Topic	State Responses	Meeting Date	Cross Reference
Have other states received requests from equipment manufacturers for waivers from physicist testing, for emergency equipment being supplied by the manufacturers, prior to use? And, have there been any other technical issues resulting from the COVID-19 outbreak?	Jennifer Elee is on a committee that is putting together guidance for this. PA hasn't gotten any requests put does have a form on the website. CA has a blanket waiver for 2 months after MN is going to the governor's office to get some sort of approval. NE does a case by case basis. NC is requiring documentation and will check it during inspections.	2020 04	Machine Testing, COVID
How are states handling non-certified personnel assisting operation of x-ray equipment during COVID, please? California requires technologists to be certified to operate x-ray, but I see a push to allow non-techs (nursing) to operate the equipment in hopes of reducing exposure of virus. California had this come up with Ebola and it will be back for this crisis.	NJ had a proposal (from a neighboring state) to allow the nurse to place the imaging detector behind the patient for a chest x-ray but only a licensed RT can position for an exam. MN wants to have nurses set everything up and have the tech make the exposure, but they need approval to do so from the governor to do that so it is a legislative issue. NC is non-licensure, they had a request for the nurse to place the detector and tech take the x-ray through the window. Since there is no licensure law they can't prevent it.	2020 04	COVID, Operator
AAPM is sending a letter today (3/24/2020) to Ruth McBurney asking for distribution to the States about requesting an exemption to some of the state mandated calendar intervals for physics testing and calibrations due to the inability of many physicists not getting access to the equipment in the normal timely manner due to the Corona Virus.	There is a document regarding this issue in the works for this document. Mary Ann has submitted the paperwork.	2020 04	COVID, Machine Testing
What do the states have in mind for resuming inspections once the stay at home bans start to lift? It would be very helpful to look at different aspects so each of us has a good plan in place when we start inspecting again.	UT – continued to inspect. Inspectors have a mask, prescreening questionnaire to fill out every morning. Dentists have been closed so it has been very convenient to inspect them. CA – starting a remote inspection process. When returning they will be tracked by health department, questionnaires before and after with a follow-up after 14 days. ID- We are opening back up in stages. We may begin scheduling work travel and training in stage 3 as long as there are no more than 10 to 50 people gathered and physical distancing along with other protective measures are in place. If all goes well that will be May 30-June 12. In Stage 4 (June 13-26), we can travel and participate in training as needed (again if criteria is met, and we do not have ongoing transmission of COVID-19). Gatherings, both public and private with more than 50 people can reopen where appropriate physical distancing and precautionary measures are observed. NJ, HI – Have to wait until the governor allows them to move forward.	2020 05	COVID
What do the states have in mind for resuming inspections once the stay at home bans start to lift? It would be very helpful to look at different aspects so each of us has a good plan in place when we start inspecting again.	Idaho will resume inspection when they reach stage 4 on June 13, VA, FL have procedures and have resumed inspections some procedures. Procedures include temp. checks, no patients present, no health centers or prisons and masks for inspectors. TX and IL are doing MQSA. TX recommended States contact FDA to ask them to lift the order for that state for MQSA access. MO is doing a proposal that would allow for a remote type of MQSA inspection. TX is avoiding hospitals and cancer treatment center. WI has concerns about what the facilities will require for entry. MN will most likely perform our higher risk inspections (CT, Fluoro) onsite and lower risk inspections will likely be performed remotely. There currently is no projected start date.	2020 06	COVID
Which offices are open? Most states are having employees work from home. Many have been reassigned to "covid duties".	HI is available for questions but no inspections and 50% of the employees are working from home. WI, NC, FL, CA report some staff reassigned to COVID duties, otherwise remotely working. ID is working remote and had an earthquake in March to keep it interesting. With hurricane season coming, what more will 2020 throw at us?	2020 06	COVID
What do the states have in mind for resuming inspections as the stay at home bans start to lift? It would be very helpful to look at different aspects so each of us has a good plan in place when we start inspecting again.	ID has resumed normal inspections. We don't generally go to hospitals or any other facility that has an annual physicist survey. We just review the reports and confirm any issues were addressed. We have been provided with masks, hand sanitizer and sanitizing wipes for our equipment. NH resumed normal x-ray inspections (low transmissions) no hospital no urgent care - remote inspections only. They send a list to have everything they need to look at sent to them ahead of time. The facility staff operate the x-ray equipment. Gloves, mask and sanitizer is available for staff. Staff has been screened. Also screened at the office. Facilities can refuse onsite inspections for now if they have had no problems in the past. LA the same, had a facility cancel because they had a covid outbreak. If a facility still has mammo closed how to should it be handle? AR – has a mammo facility that is not allowing visitors and it ok if they let FDA know and document. The FDA will handle these on a case by case basis. NC some facilities are calling back and letting them know that they can't come in due to issues. MN is still working remotely. They send lists, responses and schedule phone review. They are doing phone inspections where they ask the same type of questions during inspections, i.e. calibration reports, no visual review of records and interview no one other than person conducting phone review.	2020 07	COVID
Where are the states at regarding reopening and performing inspections?	AK, WI, CA – remote inspections NC, LA, NH – mix of both AR, SC Limited inspections i.e. no urgent cares, hospitals, factories or correctional facilities KS, UT, ID on site HI only MQSA, only on Oahu, and any complaint driven inspections WA and IA are doing MQSA only	2020 08	COVID
CA wants to know about disinfecting equipment	NH uses masks, and alcohol wipes for equipment they also put their equipment in Ziploc bags. No gloves but frequent hand cleaning. Also has cleaning wipes for the vehicles. RE: MQSA inspections LA, SC has had some issues with large facilities. ID has had no problems getting into any facilities. TX has everyone put all the paperwork in a room with a phone with a contact in another room with a phone. AR, NC is avoiding correctional institutions, large factories, or anywhere there are large numbers of people in close quarters.	2020 08	COVID
Where are the states at regarding reopening and performing inspections?	WI still not doing inspections – more covid cases. CA not doing inspections in person. NJ not doing inspections. ID business as usual. FL business as usual unless businesses preventing them. HI limited in in-person inspections. PA like NJ and HI, get prior approval to do inspections. SC same as NJ, HI, and PA.	2020 10	COVID
PA would like to know what states, if any, are conducting MQSA inspections and if FDA MQSA inspectors are doing onsite inspections.	Onsite – ID, UT, FL, NJ, VT, AR, HI, NE, VA NO- WI, KS, AK CA – One county is doing MQSA SC will do onsite if they pass covid testing *Note- MQSA inspections MUST be onsite. There was a discussion about modifying FDA contracts for mammography. Not all states will need to do a modification. Many states are caught up on mammography while some are still not inspecting.	2021 02	COVID, Mammography
Also, what states are doing onsite x-ray inspections?	WI, AK are doing remote inspections VA, UT, ID, NJ, NE, AR, HI Avoiding urgent cares and hospitals NC, NH are doing a mix of remote and onsite testing. It depends on inspector and facility. NC is doing a mix of remote and onsite inspections as well. VA has been able to get completely caught up on all mammography and x-ray inspections.	2021 02	COVID
What are the criteria for states to go back to regular inspections? When the inspectors get vaccinated? Or when the general population gets vaccinated? Or when the pandemic is over, and the number of people hospitalized with COVID goes down?	ID has been going out since last July. Masks and distancing are utilized. Inspectors were offered the vaccine, but all declined. CA is based on infection rate of each county, most inspectors getting/have gotten vaccine AL started in July 2020, guidelines are to keep distance, mask in MQSA facility, covid screening every week VA has been doing routine inspections since last June. NJ no restrictions or parameters, no testing NC inspections as normal since May and June of last year, PPE on employees, some inspections done remotely, all inspectors getting vaccines NE Started back in August, only go in facilities that general public are allowed. If COVID positive, wait two weeks AK has no travel budget until June so that prevents inspections IL started back at end of June, push inspection back 6 months if facilities can't have inspection HI is doing limited inspections, PPE and social distancing are required, inspectors are getting the vaccine.	2021 03	COVID
What are the criteria for states to go back to regular inspections? When the inspectors get vaccinated? Or when the general population gets vaccinated? Or when the pandemic is over, and the number of people hospitalized with COVID goes down?	Most states are using PPE and avoiding certain types of facilities. MN is back to doing inspections. FL is back to full speed. CA will start weekly testing of inspectors soon as they are just going back.	2021 04	COVID
Where are the states in regard to resuming inspections?	CA will open everything up on June 15. WA is also starting to begin in-site inspections. VT has resumed all inspections including hospitals. NC is open on all inspections.	2021 05	COVID

Are any states are still not going out in the field? It was heard some states are still only remote and was curious if that is true.	All states are back normal for the most part. WI was on the fence for about a year. CA sometimes has hospitals postpone.	2022 04	COVID
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Topic	State Responses	Meeting Date	Cross Reference
Alabama asked if the states have come across the Mobius Brain Lab Mobile CT ( <a href="https://www.mobiusimaging.com/">https://www.mobiusimaging.com/</a> ).	Few states have seen this but there is concern that there is less shielding than in fixed CT units.	2019 10	CT
SC Siemens engineers are working on remote control CT scanners where the tech doesn't have to be in the building to run the scanner. The engineers are saying that this is "global". NC has a dentist that controls a CBCT unit at different offices there is always someone who is trained for positioning and able to shut it off.		2020 04	CT, Operator
AR wanted to know if anyone has heard of screening protocol called peripheral quantitative CT assess bone mineral density. Does anybody know anything about it?	There is one in NC, used for research. These are like tiny CT units for extremity use. They are used for research and usually found in kinesiology/exercise science departments. Here is a link: <a href="https://www.galileo-training.com/us-english/products/p77xct-2000l.html">https://www.galileo-training.com/us-english/products/p77xct-2000l.html</a>	2020 10	CT, Research
Has anyone encountered the new type of stand-up CT units (see attachments). It is used in ortho clinics to perform weight bearing studies. It has about 5 protocols and is limited in the types of exams it can perform. Some states require a CT scanner operator to be registered through ARRT in CT. However, there has been some question regarding this unit because obtaining the registry would not be possible for a tech in training, on this type of unit, due to the limited capability and the exam requirements to obtain the ARRT registry in CT. Are any of you familiar with this unit and who do you allow to operate?	Alabama—has 1 in use—requires operators to be trained in safe use of equip, no state licensing required for operators. North Carolina—2 units present –same as AL, look for "training" Iowa—has 1 in use—require a ARRT license. They qualify as CT unit, so they require ARRT. Don't allow limited techs. Melissa asks what type of documentation qualifies as "trained" -- Alabama has the facility complete a checklist and interviews the operator. No requirements as to the specifics of the training—usually originates from the manufacturer.	2020 11	CT
How are states addressing a therapy facility using their on-board imaging CT as a fluoro simulator. The suggested state regulations say fluoro simulators used in therapy are exempt from several fluoro rules. Are other states applying or allowing this exemption to apply to OBI CTs being used for fluoro mode? Is this a new feature for OBI CTs? I have heard that certain procedures with the fluoro are actually more useful to the treatment providers (techs, MP and oncologist) than other modalities.	Per Melissa Martin- this has been around for 3 – 5 years, it is not a simple change in CT. An equipment package must be added that can be expensive. Most applications are done in an academic setting. If these are encountered during inspection, ask about QC requirements and if they are performing them. CA has seen these and this use is approved.	2021 04	Therapy, CT, Fluoroscopy
NE is asking about VetTom CT	-WI same as any CT -VA is in process of developing regulations. Tom Vedicchio is currently working on them -HI requires shielding plan but the unit itself is subject to veterinary xray regulations.	2021 12	CBCT, CT, Veterinary
CO is questioning the process where patients are positioned for CT by another person and someone else is exposing in another state (remote operation).	Dustin from ACR has had questions about this too. A huge concern is the equipment motion. Another concern is contrast administration. CA requires someone to be available for contrast reaction and also requires ARRT for the person operating the CT scanner. WI, IL, FL requires CT tech to be licensed their state. NJ CT tech must be on site. Statement from ASRT: At the current moment remote scanning is not addressed in the 2021 ASRT Practice Standards document. However, during the 2021-2022 Practice Standards Council review cycle, the committee has made proposed revisions to the ASRT Practice Standards for Medical Imaging and Radiation Therapy that do address the utility and guidelines of remote scanning. The link above is accessible until December 13th at midnight mountain Standard Time. Our voting members will meet in June of 2022 to vote on the proposed changes in this document specifically, the guidelines in which remote scanning is to be utilized and the methods in which it is performed. An update version after our Annual House of Delegates and Governance Meeting will then be available in July on our website.	2021 12	CT, Operator
Per the SSRs Part F, section 11, PA recently updated their CT regulations to require diagnostic CTs to be certified by either ACR or The Joint Commission. A registrant classified as a Critical Access Hospital stated that they believed they were exempt from CT certification...three questions:	How many states require their diagnostic CTs to be accredited by another organization? CA requires by any acceptable accreditation organizations approved by CMS. NC does not require accreditation, but the performance evaluation must meet either the manufacturer, ACR or AAPM standards and tolerances  b. Which organizations is accreditation recognized from? You can find the CMS approved organizations under advanced imaging accreditation  c. How do accreditation requirements apply to Critical Access Hospitals? IL thinks that is a joint commission term and there are special allowances made to critical access hospitals. from Serena Groff – PA: I have not heard of Critical Access Hospitals until last month, and just looked up that it is a federal program established in 1997. Joint Commission provides CAH-specific accreditation options, but they are exempt from accreditation for CMS Medicare reimbursements.	2022 05	CT
Colorado has an instance where RT (R) registered technologists are positioning for CT exams and the CT registered technologist is completing the exam remotely. In Colorado, we include positioning in our definition of an exam, so the tech would need to be registered accordingly. Wondering if other states allow the positioning for CT by an RT? Would you consider the RT qualified to just do the positioning for CT?	IL, WI allow an RT to take CT. It is less of an issue if the tech is not required to have a CT instead of just an RT. MN does not have licensure for x-ray, but we have a specific statute about who may operate x-ray systems. CA does not require ARRT certification but requires CA certification for use of CT (and other x-ray devices). ID do not require RT. Which states require CT? NC What about IV contrast? There is a PA on site. RT is trained to monitor injection site for extravasation. How many states deal with remote imaging? IL has a site working on this, CO has sites. Note: H-32 is currently addressing this practice.	2022 06	CT, Operator
What rules do states have on CT units in veterinary offices?	WI, NH, ID treated like a CT unit, but the user doesn't need to ARRT just trained. PA does not have regulations specific to veterinary CTs. KS requires all calibration, maintenance and QC listed in the user's manual to be followed for veterinary CT scanners. AK - Any CT unit must follow quality assurance of the device and of the image, regardless medical or veterinary. Operators in AK don't need license but the operator must have training.	2023 04	CT, Veterinary
From Arkansas: What are the minimum qualifications your state will accept regarding training and experience of a Qualified Expert for CT?	ID doesn't differentiate between modalities. Asked to send CV and what they do/specialize in; IL has verification process, specifically for CT, are they board certified and various amounts of hours of training. TX has licensure process for diagnostic modalities, CT falls under this. MN has service providers general definition. For CT could be physicist or GE engineer; need to provide documentation of such training for CT units. FL doesn't have anything for CT specifically; for all equipment being evaluated – done by state licensed physicists. SC does similarly. AR interested in getting something in writing for what is acceptable. Wants to be able to find such document - # of hours trained, supervised evals. NE name Radiological Health Physicist – cert. by ABR, trained as Health Physicist, other related specialty, plus other documentation. OH also spoke about qualifications. IL has a process and must have 20 hours if board certified and 40 if not IA has nothing specific Minn just has service provider. Must had doc they have received training in CT systems they are working on. SC, FL doesn't specify for CT. Dose calcs would use state licensed physicists. NC is be certified, or meet the requirements to be certified. But doesn't apply to Cone Beam, PET, etc.Ⓜ	2023 05	CT, Physicists
NE has come across CT's that the FDA lists as bone densitometers.	No one else has heard of these, although AK has seen podiatry units similar to the one described that do this procedure on feet. These appear to look like mini CT's that patients put their legs through for bone scans. One of NE universities uses one for research, but want to use it clinically.	2023 06	CT, Medical, Podiatry
From Ohio – Do other States currently require technologist certification in both Nuclear Med and CT to operate PET/CT scanners?	WI has radiography license and also a combination license for qualified individuals. This is defined in code. IA nuclear med techs can operate PET but must have a radiography certification to do any diagnostic imaging.	2023 11	Operator, CT, Medical
Do other States currently require technologist certification in both Radiation Therapy and CT to operate CT Simulators?	Therapists can only perform for simulation, not diagnostic didn't catch the state AK, CA allows therapy techs to operate CT simulators but not for diagnostic procedures.	2023 11	Operator, CT, Therapy

<p>Nevada■</p> <p>Which states allow Remote CT Imaging?■</p> <p>What requirements does your State have for facilities and persons who perform remote CT imaging?■</p> <p>Is Tech licensure required for both the remote operator and the person who is assisting, or just the remote operator?■</p> <p>Must the remote operator be in your state or can they work out of state?■</p> <p>What training is required for assisting persons?■</p> <p>Are there limitations on the types of CT exams that can performed remotely such as Invasive Intervention procedures?■</p> <p>Are job duties for the remote operator and the assisting persons specified and are there limitations?■</p>	<p>In Wisconsin the tech has to be in the room. The licensing requirement is for the tech operating the machine. The remote person wouldn't have to be licensed, but the operator has to be.■</p> <p>In Florida that they have to have a rad tech in the room. You have to have a full CT or full rad tech in the room doing anything.■</p> <p>In Colorado, submitted the document that was attached to the agenda. We basically require the operator, and anyone involved in the examination itself be adequately trained. Requires that the operator be an RT and registered in CT.■</p> <p>Rikki Waller – is CRCPD working on a position statement for remote imaging.■</p> <p>Lisa Bruedigian – Yes, it is almost finished, but it is relatively neutral. It just talks about what should be looked for and makes a couple of suggestions but know it's going to depend on the state and their licensure requirement.■</p> <p>Wisconsin's like Florida, and a RT doesn't have to have a CT certification to do CT. They can be trained on the job and not have taken that CT test.■</p> <p>Illinois has the same requirement as Florida.■</p> <p>Hawaii has the same requirements as Florida and Wisconsin</p> <p>Texas is the same as Florida.</p> <p>Colorado requires the technologist performing CT to be certified.■</p>	2024 02	CT, Operator
<p>Are PEDCAT CT's being regulated in other states as normal CT units or are they are treated differently?■</p> <p>Additionally, what type of evaluations/training do other states require for these units?</p> <p>This device is a 3D CT unit, used for feet/ankle imaging.■</p>	<p>Florida, has several of them. They are CBCT units and are equivalent to the dental CBCT unit. Florida's regs are based on who is operating the device on what we can require for training and whatnot. If it's in a podiatry practice vs. and orthopedist office, they each have different requirements for the operators and training. If it is in an MD Type office and then we'd have the full rad tech requirements and things like that.■</p> <p>Iowa, they would have to have a full RT permit to practice with our license. We do have a Podiatry limited license, but they would not be able to use this device with being a full RT.■</p> <p>Minnesota, if it's a combined CT system, they'd have to be at RTR, they could not use their limited exam for Podiatry and operate these systems.</p> <p>Colorado's like Florida, depends on where it's being used. This would determine what requirements would apply.■</p>	2024 02	CBCT, CT, Podiatry

Topic	State Responses	Meeting Date	Cross Reference
Alabama would like to know what type of database program is being used to store their X-ray registrants, service companies and physicists. What program do you use to see who is due for inspection? Can you attach your correspondence to that digital file? Is there access from the web for registrants to get a copy of their registration. This is usually the frantic call we get from veterinarians right before their Vet Board inspection. Right now, they are using a couple of different programs that was created by their IT department and would like to see if there is something that works well that other states are using. They are not sure, but the NRC Web Based Licensing program might have modules for x-ray. They just don't want to re-create the wheel.	Idaho uses SharePoint which tracks when inspections and renewals are due. We can also upload all out files to it. Our x-ray license and renewal process is all done electronically. UT is just getting ready to go live with Salesforce application. Which is a relational database. It will provide a web-based portal to submit applications, make payment and have access to their records. It will also export docs to their records management system. Was it hard to customize? They have a contract with a vendor to help customize it because several different departments are using it. But it's a very easy program and they will be able to customize it themselves MO, HI uses Access WI uses OnBase which is similar to Salesforce. They don't have ability to get records but can do everything else. Inspectors can access their inspections and schedules on their laptops. NJ uses an Oracle type database. CA has a very old DOS based system that we would not recommend. AK is way behind in IT. Still using excel spreadsheets and word docs. Waiting for database to be built by IT. TX uses VersaRegulation - it will do what you are asking for but it can be a cumbersome process. TX doesn't currently don't have a process for Registrants to get their certificates but I think the program is capable. Florida uses a database created by one our IT people. Physicists are licensed by another program. We cannot attach correspondence. We use Laserfiche for document storage. Colorado has Access/web based system From PA (bit confusing to verbally explain and probably better to include in minutes); We utilize eFACTs ( <a href="https://www.ahs.dep.pa.gov/eFACTSWeb/default.aspx">https://www.ahs.dep.pa.gov/eFACTSWeb/default.aspx</a> ) for tracking inspections & submitting inspections done through a Mobility software. Reports can be pulled to see who is due based on inspection schedules. Attachments can be added but the public cannot access much information. Department wide, we are in the process of shifting to OnBase so that public can access files and submit forms. There is also a separate state-wide platform called Keystone/GreenPort where only X-ray registrants can pay fees and access certificates when paying online, but cannot access mailed-in payment certificates. The lack of integration across the platforms can be trying and wish Alabama luck!	2022 02	Database/Tracking

Topic	State Responses	Meeting Date	Cross Reference
Regarding temporary use of hand held XRF and dental, mobile c-arms and radiographic, does your State: 1. Allow for loan of a system from a vendor to a registrant/licensee, or from one registrant/licensee to another? 2. Have specific rules for notification to your agency or written approval? 3. Require verification that the system is functioning properly when received for temporary use?	WI - 30 days temp TN - full fee DE - reciprocity NC - 5 day notification MD - registration HI - notification possible inspection ID - 180 days in state with no registration requirements, notification required FL - full registration and notification	2019 06	Hand Held Devices, Dental, Fluoroscopy, Industrial
Are aprons required for hand held dental x-rays? Many states required dosimetry and lead aprons for hand held devices.	MD, TN doesn't require aprons but does require dosimetry. KS, SC, NH requires no aprons but does require dosimetry. NV requires an apron and dosimetry. CA doesn't require an apron for the Nomad only. ID requires dosimetry for a year but they can request a waiver after submitting a year of dosimetry reports. Anything goes in AZ and WI.	2019 08	Dental, Shielding
Arizona mentioned an issue with timers on certain Corix dental units.	When the company was contacted they were told the issue is caused by preheating and it was suggested they use an internal voltmeter. It was noted that the Piranha waveform charts shows a slow ramp-up in the preheat mode. Discussion included that there is a gradual ramp up of current that takes 200-300 msec and that most images are done before the preheat is complete. The slow ramp up makes it difficult to adjust the meter like we do with the Gendex units. Reviewing the manual is recommended.	2019 09	Dental
Virginia would like to know if other states are seeing non FDA approved hand-held dental x-ray units that are originating outside the U.S.?	AZ, PA and ID have but it's been awhile. HI see some from a Korean brand. The FDA would like these products reported to them.	2019 11	Hand held, Dental
There was a discussion regarding dental management companies are leasing the equipment to practices in several states ie Aspen Dental. Who is responsible for licensing/registering the x-ray equipment?	AZ has a combination of both lessor and lessee. In some instances, no one wants to take responsibility.	2019 12	Dental, Registration
Do any of the states have a limit to the number of Registrations and/or sites that one RSO can serve? This refers to chains such as Aspen Dental and Banfield Veterinary Clinics.	NO - ID, SC, NE, NJ, HI TX and NC have had issues with chains regarding radiation safety. ID chains would be addressed as a group. We haven't had any issues with these groups. CA may address as a group, but it would address as an individual if they were going against company policy.	2020 05	Registration, Dental, Veterinary
What states have approved the Dexcowin DX 3000 Dental Hand-Held Unit? If they have approved use of this unit, are they aware of the FDA warning letter dated 2/20/18? How would your state handle this situation if you have not been aware of the letter (e.g. still all use of unit, not let it be use). The warning letter is attached.	Notify owner of machine they must cease use until the problem is resolved. CA lets them use it because it is still technically approved. ID has not seen this machine in the state. SC found the warning letter while doing research on the Cocoon.	2020 06	Hand Held Devices, Dental, FDA
SC has a couple of questions: For states that have minimum requirements for physics testing for different equipment types (i.e., radiographic, fluoroscopic, dental, etc.), do you have minimum requirements for CBCT or Dental CT units? If so, what are the requirements?	ID - follow the CRCPD SSRs AZ - amended their rules to just have their physics survey required after installation. HI - initial testing and biannually thereafter WI- Manufacturer's recommendations PA requires performance evaluation within 30 days after install and no more than 14 months apart after and after any changes in major components. Any specific tests required? PA requires the tests are what is required by the physicist except for collimation since there are no national standards.	2020 07	CBCT, Dental, Machine Testing
Wisconsin (Bill)—has any state approved the handheld radiography unit. He received an email from a company that wants to use it as a portable device on humans. He states he believes it's the Dexcowin unit and that it resembles the Nomad's used in dental. Ryu is the company contact individual requesting approval.	Ryu is the company contact individual requesting approval. North Carolina (Regina) states she has worked with Mr. Ryu and she currently does not allow use of that unit. Louisiana had denied the unit as well as Texas, and Iowa. Alabama has the Dexcowin approved for dental, have not approved the Dexcowin unit ABX 6000 for medical and veterinary at this time. California would consider an exemption only on case by case basis from user, not the vendor, but has not received any requests at this time.	2020 11	Dental, Hand Held Devices
Which states require dosimetry badges for low dose radiation producing machines i.e. all dental units (intraoral, pano, CBCT units, hand-held) and industrial units (cabinet x-rays, hand-helds)? Do any of these states offer dosimetry exemptions? If so what is their application process?	NH, CA, and HI all follow the 10% rule and require documentation of how they remain under that dose when inspected (6-12 month badge records, medical physicist report). FL doesn't require badges unless there is a possibility of greater than 10% exposure. However, they do require badges for hand held dental units. AZ originally required them for hand held units but doesn't anymore. AZ, NE and WA do not require badges for dental facilities. CO asked if there were any states where a dental facility reported a large dose on a badge. CA had a case where the badge was left in the sun when not in use but there have been no reports of legitimate high dose readings in the dental environment.	2020 12	Dosimetry, Dental, Industrial
NH asks do other states have regulations on apron use for dental x-rays?	CA requires apron use. Many of the other states are working towards removing apron use requirements for patients based largely on the AAPM statement regarding lead apron use for patients.	2020 12	Dental, Shielding
Do any states have reproducibility requirements for dental X/Os that are different from a coefficient of variation of 0.05 across a series of exposures, or that are conditioned on other criteria? NH is asking because they have regulations that addresses the power source the unit is hooked up to.	ID, FL and most of the states use coefficient of variation VA, WI allows up to 10% variation	2021 04	Dental, Machine Testing
What are states safety requirements on hand-held dental units? Are most states requiring lead shields?	All states require the backscatter shield be in place. In CA they are unable to use one without the backscatter shield in place. NC, WI, SC, NV requires the use of a lead apron as well KS requires all of the above plus the use of a thyroid collar. NE also requires a lead apron and whatever the manufacturer requires for operators. NH also requires the user to wear an extremity badge. VT requires operators to wear lead shielding if they must hold the device at an angle, primarily in veterinary facilities.	2021 06	Dental, Hand Held Devices, Shielding
When testing dental machine timer compliance, do you take manufacturer's preheat specifications into consideration? If so, how do you determine compliance factoring in the pre-heat? What kind of meter do you use?	NH does take it into account and uses the Piranha and uses the wave forms to screen out the preheat. AL and CA use Radcal and Unfors and can look at the waveform and the preheat will be removed after the first exposure. HI uses Piranha so can remove the pre-heat waveforms. CA uses Diquad for screening on all intraoral units.	2021 07	Dental, Machine Testing
Illinois has a question regarding dental, specifically CBCT. I wondered how other states handle this regarding the dead man type switch or if they have this regulation. I have seen some that do not have a dead man type switch but had an emergency stop button right by the start button which is behind a wall. The patient is also provided with an emergency stop button right on the machine that they can use. This is how our regulation reads: "Exposure Switch Arrangement. The exposure switch shall be a dead-man switch and shall be arranged so that the operator can be behind a protective barrier or at least 1.83 meters (6 feet) from the patient and the tube housing during an exposure." Not all units have a dead man switch. For CT units it is generally unfeasible to have a dead man switch. Per CRCPD SSRs and 21_cfr_1020.33(f)(2)(ii). "Means shall be provided to terminate the x-ray exposure automatically by either de-energizing the x-ray source or huttering the x-ray beam in the event of equipment failure affecting data collection. Such termination shall occur within an interval that limits the total scan time to no more than 110 percent of its preset value through the use of either a backup timer or devices which monitor equipment function. 21cfr1020.33(f)(2)(ii). n looking through the suggested state regulations, the term dead man switch has been changed to a means to terminate the exposure.	NH would consider a stop button in a shielded location acceptable. It is also felt ICAT setup should be acceptable per requirements. Melissa believes that if you can start the unit but have the ability to stop it, it meets the intent of the regulation. CT regulations for PA are worded " 221.202(e)(e) Status indicators and control switches... (2) The emergency buttons or switches shall be clearly labeled as to their function. (3) Each individual scan or series of scans shall require initiation by the operator."	2022 01	CBCT, Dental

<p>Until recently Minnesota had been basing dental/maxillofacial cone beam computed tomography quality control requirements of CFR Section 1020.33 Computed tomography (CT) equipment.1020.33, (d) quality assurance and phantom requirements on the way that FDA has been classifying the x-ray system in the 510k Premarket Notification Database. FDA had been classifying these systems under the Device Classification Name as either System, X-Ray, Extraoral Source, Digital, or X-Ray, Tomography, Computed, Dental. MDH had a discussion with the FDA and found out that regardless of how a CBCT or 3D system is classified, if it is capable of performing CBCT or 3D imaging, the system is a CT system and the system and manufacturer must comply with the requirements of CFR Section 1020.33 Computed tomography (CT) equipment.1020.33. Some states may be aware of this but MDH just wanted to let everyone know. Per FDA and CRCPD white paper the manufacturer is supposed to supply a phantom with instructions for QC. The phantom is the issue that Minnesota is having an issue. In 2017 CDRH used to want to know if a phantom was not supplied. This was bypassed by classifying these as extraoral dental radiographic units. There is some discrepancy because they can be used as 2D but are 3D ready with a software upgrade.</p>	<p>PA has had many discussions with the FDA regarding this and hasn't received any help. PA require as QC program using a phantom by following the manufacturers requirements. Many facilities don't know that it is in their owner's manual.</p> <p>NC is having the same issues of operators not knowing how to use the phantom. Also, NC has had installers mark "other" for type and it depends on what software is being used. So, it is very difficult to figure how they are using these.</p> <p>Serena from PA "I often reference that 1020.33 regulation to tell users that they do not have to pay separately for the phantom. The vendor is required to provide an appropriate phantom specific to the unit."</p> <p>From Bill in WI it would be nice if CRCPD could come up with a generic minimum of CBCT QC tests we could hold them to in the absence of the manufacturer's recommendations. The problem is there are just way too many differences between mfg.'s &amp; models. Until there are national standards in place we must rely on them.</p>	2022 04	CBCT, Dental, FDA
<p>Please see the attached document regarding concerns with the EvoCare X-Air handheld intraoral unit for discussion. Has anyone else seen these or had a similar issue with them?</p>	<p>This is included as a reasonably quick, easy way to disseminate information about this unit. Lisa forwarded information to FDA/CDRH TX will test it if found in their state. The FDA is currently investigating. They are not sure if they are approved or not and some states couldn't find it on the approved list. I will attach the information to the notes as well.</p>	2023 05	Dental, Hand Held Devices
<p>Does anybody do dental inspections on military bases?</p>	<p>NE does for National Guard units, so does NJ.</p> <p>WI has contractor who contracts with military that tests Nomads for all military bases.</p>	2023 06	Dental, Jurisdiction
<p>The State of Nevada Radiation Control Program has been seeing an increased of dental handheld radiation producing machines (RPMs) that are not FDA approved. In some instances, these RPMs were given with an install of another dental machine and in other instances, purchased directly from an U.S. and overseas vendor and/or online, like from eBay.</p> <p>Our regulations state that all portable equipment which is hand-held must comply with the applicable performance standards of 21 C.F.R. §§ 1020.30 to 1020.40, inclusive, which were in effect at the time the unit was manufactured. We are also seeing that some of the vendors/installers are from neighboring states and bringing the devices with them. Are other states having similar situations and what process/policy do you implement, like contacting the states -- informing them of the situation?</p>	<p>NJ will ask where the unit came from and they are embargoed if not approved. Warning them about them and taking them out of service.</p> <p>EVO care has different models, only some are FDA approved.</p> <p>Does anyone have an example of a legit FDA sticker?</p> <p>Lu Jiang suggests that these are sent to the FDA with all pertinent information <a href="https://www.fda.gov/medical-devices/reporting-allegations-regulatory-misconduct/allegations-regulatory-misconduct-form">https://www.fda.gov/medical-devices/reporting-allegations-regulatory-misconduct/allegations-regulatory-misconduct-form</a></p>	2023 09	Dental, Hand Held Devices, FDA
<p>Woodpecker handheld dental? SC is following up on this brand, NV has an inspection on one soon. Has been approved but the FDA. However, not all components have been certified.</p>		2023 09	Dental, Hand Held Devices, FDA
<p>From Louisiana - We are seeing a lot of Nomad (Aribex) handheld dental units with badly damaged housing, holes, coming apart in the middle area, etc. Are others seeing this? Do we think this is an age of the unit issue or just a handling issue? How are you handling this?</p>	<p>PA found 8 Nomads that were breaking apart and they called the company and they were told it was from cleaning products. Serena didn't find and tube leakage when tested. Another state was similar. I didn't catch which state</p> <p>WI would make them fix to keep to manufacturers specifications. Really only and issue if leakage and there is a concern with hygiene issues</p> <p>TX made them remove one from service until it could be tested.</p>	2023 11	Hand Held Devices, Dental
<p>From Arkansas - Adaptix Limited's x-ray system design does not incorporate a dead switch. Do you-all have ANY insight as to how your organizations may have addressed the fact that a dead man switch is not part of their x-ray system design?</p>	<p>It would not be authorized in TX if it did not have a means to terminate the exposure.</p>	2023 11	Medical, Dental, Veterinary
<p>Florida -- Is anyone familiar with the Aspen Europa - portable X-ray system and digital package? We got a request from a company.</p> <p>Asking about if that we would allow this system to be used in Minnesota, and the question I just responded back to him that they have to, be approved by the FDA, then they would approve. No response back from the company, but the device looks like a dental only unit. It has a collimator on it versus a cone. It's a 60 K VP2MA system and they want to use this in an orthopedic clinic. That was the conversation that I had with the gentleman.</p> <p>Has anybody else ran into this system?</p>	<p>Texas - We required the device to be used on a stand and there was another requirement</p> <p>Kissinger, Regina - Are there any states that require a company that contracts with radiation workers to provide dosimetry, such as a travel tech situation. With the lack of RT's, I was just wondering.</p> <p>Again, do any states require a company that contracts radiation workers to provide dissymmetry for those workers?</p> <p>Nevada, we do not. It's our registrant and licensees' responsibility to provide the dosimetry and maintain the records.</p> <p>Texas, we require dosimetry, but we don't specify who provides it.</p> <p>Idaho is the same as Texas.</p> <p>In Florida, the registrant licensee is who is responsible for it.</p>	2024 02	Dental, Hand Held Devices

Topic	State Responses	Meeting Date	Cross Reference
AL asked about bone density projects at kinesiology programs.	AZ has other facilities that want to use it for body composition. These are generally not accepted because they are considered screening.	2019 11	DEXA
The state of Illinois is interested to know the following information related to the regulation/inspection of bone density units.	WI, operator training and calibration done, NJ QA test performed, copy of manufacturers specs, quality control tests, records maintained for 1 year, CA make sure to get accurate weight and height, positioning devices available, QC test, NC require documentation signage, scatter survey, so does ID; SC requires operators to be at least 1m away from unit. For those states that inspect BD units what if any are the regulatory issues that you have observed? NJ, failure to sign acknowledgement of reviewing QA manual; NC, operators lack appropriate training, "on the side" operators that haven't been trained; FL, not appropriately trained; HI, no sign of policy/procedures annually. Some states have noted that sites are using the units for body composition testing. For those states that license x-ray technologists, are there any that exempt bone density operators from licensure? WI, yes; AR, yes; IA, limited permit for densitometry only.	2020 10	DEXA
Virginia would like to know how many states allow Dexa units to be used for body fat composition without a physician's order?	Yes- NO- LA, TX, NJ, WI & SC ask for variance for research, FL also requires a physician for research, CA does not to require an order but does require physician supervision, WA, CO, NE & AL (does allow for a standing order for research situations) KS also requires an order. Here is link to the CRCPD position statement on using DEXA scanner for body composition: <a href="https://cdn.ymaws.com/www.crcpd.org/resource/collection/1858915F-2624-48A3-A809-09957F01C42F/HA37.pdf">https://cdn.ymaws.com/www.crcpd.org/resource/collection/1858915F-2624-48A3-A809-09957F01C42F/HA37.pdf</a>	2022 07	DEXA



Topic	State Responses	Meeting Date	Cross Reference
Have inspectors been seeing issues with Konica Aero DR plates? Specifically, over-exposures, inconsistent EI, and AEC gain calibration problems, especially with retrofitted type equipment. A recent facility was told to use a lower kVp for lumbar spine (70 kV) and chest x-rays as well. This certainly raises the ESE in the AEC.	PA has seen a lot of concerns with these units. ID, SC, HI haven't not seen these.	2019 12	Digital Imaging
Minnesota has some questions based on SSCRC recommendation regarding Part F Section F.3. iv. Facilities Using Computed Radiography (CR) or Direct Digital Radiography (DDR) states in (3) Facilities other than dental, podiatric and veterinary, shall quarterly complete phantom image evaluation using a phantom approved by a QMP (QE), system manufacturer, or the Agency. The analysis at a minimum shall include: artifacts, spatial resolution, contrast/noise, workstation monitors, and exposure indicator constancy.  Does your state require the use of a phantom when performing quality control on a CR or DDR system? It is our understanding that most manufacturers do not provide a phantom for artifacts, spatial resolution, contrast/noise, and exposure indicator constancy nor a SMPTE or TG-18 test pattern for the workstation monitors.	SC, ID, and AZ require for CT only. TX does require QC but a phantom is not required in most cases. They can use any object that has at least 3 densities and must use the same object every time. a. If the answer is yes: What does your state consider a workstation? Is this the review workstation where images are interpreted? What if the interpretations are performed off-site? Is this the acquisition workstation at the operators position or scanner? b. Has your state completed a cost vs benefit analysis to having each registrant purchase a phantom and SMPTE pattern? Nobody has done this. TX requires QA/QC for everything, but it doesn't necessarily need to be an actual phantom. c. In place of the SSCRC recommendations, does your state require the registrant/licensee to follow manufacturer recommendations for CR and DDR systems, and workstations? PA, SC, TX, ID, and NH manufacturers recommendation or QMP. MN had a discussion regarding phantom because there is no consistency. A lot of systems do not have phantoms. Dave AAPM said the consensus is that it is not practical to set up a universal QC program. Community argued it would cost prohibitive.	2019 12	Digital Imaging
Do other states have entrance exposure limits for radiographic exams using digital imaging systems if not, what are their policies for patient exposure limits, if any?	NO - NH, WI, HI, AZ, ID, CA, WA asks that digital stay below 500/800 AP lumbar, AEC record post mAs. YES - TX limit is same if film/screen or digital chest is 30 mR (old NEXT survey), SC, OH, PA, NC,	2020 02	Digital Imaging, Medical, Machine Testing
When testing the older diagnostics x-ray machines with digital imaging plates, do other states notice problems with reproducibility since the older machines have harder times being set at lower time settings? HI notices this especially in the dental diagnostic x-ray testing especially on Gendex 770 units. The machines are not accurate at lower time setting since they were not built that way. E.g. setting at 3-6 pulses or a time setting at .1 seconds or less.	WA will check it at 44 pulses as set by FDA. They do not have a lot of failures at the higher setting. AZ doesn't test reproducibility. The manufacturer of their meter doesn't guarantee accuracy under .02 sec TX only tests ESE at office settings, test kVp accuracy and repro at higher settings IL, ID haven't noticed any problems MN and NC follow NEXT CA only test for film and make recommendations based on NEXT	2020 02	Medical, Machine Testing, Digital Imaging
IL wonders has anyone had regulations revamped to incorporate digital technology?	WI, SC, ID manufacturers' guidelines FL currently has legislation in the works on digital units.	2020 06	Digital Imaging
Chrissy from South Carolina—revising regulations wondering if any states have QA for digital radiographic systems in their regulations.	Follow Manufacturer recommendations was stated multiple times. Melissa—AAPM states follow the manufactures QA program procedures with the manufacturer provided phantom or equivalent phantom. California has had instances where users are not aware of the need to have a phantom. This often comes up with CBCT.	2020 11	Digital Imaging
Regarding QC on DR or CR units, what are states doing? The manufactures that have been talked to state they recommend having the phantom to do the QC testing.	NC seeing phantoms that don't measure what the states require so they require facilities to buy a new phantom (\$1,000 - \$3,000 each) NH, ID Doesn't inspect DR or CR for QC NC requires use of phantom for CBCT testing, installer may be using different phantom than what manufacturer requires for routine QC PA requires facilities to do quarterly QC testing on CR/DR QMP sets baseline, facility does testing thereafter	2021 03	Digital Imaging
There is a new option from Konica for cineradiography in lieu of fluoroscopy. How is that being viewed by the different states? Does anyone have any measured data on these units?	Most of the states have seen this yet. The general consensus is that hopefully it will be lower than the old cineangiography since it is a DR unit.	2021 11	Fluoroscopy, Medical, Digital Imaging
Does anyone have a list of what the EI numbers from each manufacturer mean and what effect does collimation have on this? I know someone out there has to have a compilation of the different systems and their EI numbers.	Ken from PA does have some that are older. It turns out Ken's documents are from CRCPD see the link below from Jen Ele: Here is the document. It is a CRCPD paper on Cr and DR State X-ray Inspection Protocol. It is actually from 2010. We did a training in Ohio the year it was published. It is probably time for it to be reevaluated but should still be fairly good. <a href="https://cdn.ymaws.com/www.crcpd.org/resource/collection/57586060-8DE5-4DEF-95D7-DB036F561DA3/CR&amp;DR_Protocol.pdf">https://cdn.ymaws.com/www.crcpd.org/resource/collection/57586060-8DE5-4DEF-95D7-DB036F561DA3/CR&amp;DR_Protocol.pdf</a>	2022 03	Digital Imaging
WA State had a medical physicist ask about Konica Minolta's Dynamic Digital Radiography (DDR) that produces not only static images but also pulsed individual digital x-ray images (cineradiography) in a single series of cine-like loop from an interested chiropractor. They had a meeting with Konica Minolta and they shared it is not fluoroscopy (see K193225 below). For a standard wray shooting a lateral flexion/extension 3 series image (typically ~ 1R total) would be ~ 3R total patient exposure with the DDR using a technique of 95kVp, 8 mAs/frame, at 6fps for approximately 10 seconds with better resolution than fluoroscopy. The unit is capable of up to 20 seconds maximum and with a maximum of 300 images acquired at either 6 fps or 15 fps.  Per Konica, there are around 30-35 in the US. Its bigger market is pulmonary and thoracic use but capable of extremities, chest, skull, abdomen, spine, etc. They have been recently approved for mobile installation as well.  Are any other states seeing these? Is there a committee looking into these?  How do you regulate them, more on the restrictive fluoroscopy side or from a standard x-ray side (i.e. a patient safety standpoint and who can take images)?  Their regulations need to be updated and they are looking for assistance.	Dave Hintenlang's facility has been looking into the Oxos Micro C. This is a handheld unit that utilizes similar technology. This unit only allows imaging when imaging plate is lined up with the device. The maximum kVp is 60 kVp. SC has also seen the Oxos. They issued a memorandum for guidelines of use which are requirements. They have discussed the Oxos with the FDA who says it's an imaging unit not fluoro. Fluoroscopy is defined in SSR Part F NC has the same understanding that it's not supposed to replace standard rad unit. WA says Konica states that there are 35 in US currently. They are concerned about the high dosage level. It's a stationary unit that can be retrofitted and software added. Dave states that in Ohio, the definitions could be interpreted as being a fluoro unit. Angela M asked does your rule/regulations give you the ability to add terms/conditions to your x-ray registrations to regulate new uses? Bill asked if these are using image intensifiers? No, digital reconstruction is used. WA states you only see a preview image and you don't see the final image until after the imaging has ended. Likewise, you can't see the entire motion until after. They do have a preset time with a dead-man switch. These types of images do have a higher resolution image than fluoro. Lisa thinks the use of is something the CRCPD should look into.	2022 11	Digital Imaging
Does anyone have a list of what the EI numbers from each manufacturer mean and what effect does collimation have on this? I know someone out there has to have a compilation of the different systems and their EI numbers.	Ken from PA does have some that are older. It turns out Ken's documents are from CRCPD see the link below from Jen Ele: Here is the document. It is a CRCPD paper on Cr and DR State X-ray Inspection Protocol. It is actually from 2010. We did a training in Ohio the year it was published. It is probably time for it to be reevaluated but should still be fairly good. <a href="https://cdn.ymaws.com/www.crcpd.org/resource/collection/57586060-8DE5-4DEF-95D7-DB036F561DA3/CR&amp;DR_Protocol.pdf">https://cdn.ymaws.com/www.crcpd.org/resource/collection/57586060-8DE5-4DEF-95D7-DB036F561DA3/CR&amp;DR_Protocol.pdf</a>	2023 03	Digital Imaging

Topic	State Responses	Meeting Date	Cross Reference
How do other states regulate the disposal of x-ray machines	NH, TX, LA require notification of disposal removal of labels and are referred to the EPA for disposal. Owners of pre-1980s machines are informed of the PCB concerns associated with the older units. In HI x-ray units that are unable to make an x-ray it is not considered an xray machine. MN, AZ and ID require the owner remove the ability to power on. SC and TX require them to keep it registered but inoperable. NH requires them to reregister the unit if it is easily repaired. In PA, an operable unit that is not in use the owner has to register. Registration is based on possession not usage.	2019 12	Disposal
<p>a. For those states who register vendors/service providers; do they also register companies who only offer disposal (such as e-waste recyclers, junk dealers, scrappers, etc.)</p> <p>b. Do other states restrict who can dispose of x-ray equipment, or how x-ray equipment can be disposed of?</p>	<p>a. Yes – NC registers if they have their own x-ray equipment No – WA, SC, ID, FL, AZ, UT, NJ Most states just use some type of disposal form or other written correspondence when equipment is disposed of. ID requires a change of information form to remove it from their license.</p> <p>b. NE department of environment and energy handles x-ray unit disposals. NJ has them make sure it is disconnected and contact municipality. If the unit is older than 1980 makes sure the old oil is gone</p>	2021 01	Registration, Disposal, Jurisdiction

Topic	State Responses	Meeting Date	Cross Reference
During routine X-ray compliance inspections, have your inspectors noted personnel on the EDE (Webster) dosimetry method even if not performing fluoroscopy.	No discussion	2019 06	Dosimetry
There was also a conversation about digital motion x-ray (DMX). The DMX is a c-arm type fluoroscopic x-ray unit. The patient and the operator are in the same room separated by a leaded barrier. Hawaii tested the machine like a fluoroscopic unit. The chiropractor who used it wanted the fluoroscopic unit because he wanted to see the patient's range of motion in the neck region. We required the facility to get an area radiation survey to determine if the operator position was safe. Area survey was done, and it was determined that the operator position was safe behind the leaded barrier. This might not be a good representation of an area radiation survey for this fluoroscopic unit since the facility did not use the machine so much.		2019 10	Medical, Fluoroscopy, Dosimetry, Shielding
Industrial vs cabinet – what is considered the transition to heavy dose monitoring	CA uses FDA approval (CFRs 1020.40) based on type and size of part that can fit in there AZ, IL, TX, HI and WA have enclosed and open beam and analytical vs. radiography NC follows ANSI standards ID only regulates industrial as having a radiation producing device.	2020 02	Industrial, Dosimetry
Does your state require personnel monitoring devices be turned into the company for reading on a specific frequency? For direct-read dosimeters (ie. Instadose) does your state require them to be read according to manufacturer's recommendations?	CA, NH has industrial timeline only monthly WI at least quarterly unless it is high then it needs to be monthly. ID at least quarterly HI none CA has a physician that has exceeded annual limit the last year or two, facility won't remove him from radiation area. Melissa questioned whether this was a badge reading or an actual dose. It was suggested that he should double badge, with on under the apron, receive additional fluoroscopy training and the facility provide an acrylic shield.	2020 03	Dosimetry
Which states require dosimetry badges for low dose radiation producing machines i.e. all dental units (intraoral, pano, CBCT units, hand-held) and industrial units (cabinet x-rays, hand-helds)? Do any of these states offer dosimetry exemptions? If so what is their application process?	NH, CA, and HI all follow the 10% rule and require documentation of how they remain under that dose when inspected (6-12 month badge records, medical physicist report). FL doesn't require badges unless there is a possibility of greater than 10% exposure. However, they do require badges for hand held dental units. AZ originally required them for hand held units but doesn't anymore. AZ, NE and WA do not require badges for dental facilities. CO asked if there were any states where a dental facility reported a large dose on a badge. CA had a case where the badge was left in the sun when not in use but there have been no reports of legitimate high dose readings in the dental environment.	2020 12	Dosimetry, Dental, Industrial
a. For those states who register vendors/service providers; do they also register companies who only offer disposal (such as e-waste recyclers, junk dealers, scrappers, etc.)  b. Do other states restrict who can dispose of x-ray equipment, or how x-ray equipment can be disposed of?	a. Yes – NC registers if they have their own x-ray equipment No – WA, SC, ID, FL, AZ, UT, NJ Most states just use some type of disposal form or other written correspondence when equipment is disposed of. ID requires a change of information form to remove it from their license.  b. NE department of environment and energy handles x-ray unit disposals. NJ has them make sure it is disconnected and contact municipality. If the unit is older than 1980 makes sure the old oil is gone	2021 01	Registration, Disposal, Jurisdiction
What survey instruments (manufacturer and model) is other states using to perform scatter measurements during x-ray inspections and are they pleased with the equipment?	Fluke 451 - ID, WI, CA, WA, NE, HI RaySafe 452 - FL, NJ, SC will be purchasing soon Ludlum 90 P1 AZ, NH (cheaper, better features) WI may sometimes use an MDH also	2021 01	Dosimetry
What is everyone seeing with the use of the Instadose personnel dosimeters?	ID uses these themselves. They went to Instadose after TLDs were lost in the mail. NH has seen that they aren't getting read on a regular basis but noticed there is no control badge. WI notes that the control is built into the badge software, so a control is not needed per the manufacturer. SC requires a document that states it is to be done monthly or quarterly. It takes some work to get the data you need. NC mentioned users can also get a mobile app to read these on a phone. The problem was some users were checking every day so the reports were not accurate. The best way to handle this is to turn that function off. At Melissa's hospital they are read monthly only. The major problem found is that it may take up to 6 months to import past badge history.	2021 03	Dosimetry
Pennsylvania has a question about how other states are handling situations where Doctors performing interventional radiology aren't wearing finger badges, and then using concerns about the field of sterility as a reason for not wearing the finger badge. Are other states citing violations in these situations? Is anyone asking the RSO to calculate an estimated finger dose?	No finger badges required WI, CO, ID, WA, FL, NC hasn't encountered this but feels it would be appropriate to have a dose calculation done.	2021 05	Dosimetry, Fluoroscopy
The state of Nevada Radiation Control Program is requesting input. Nevada received an email from Concentra stating they are researching the possibility of ceasing dosimetry monitoring in their centers across the nation. They have centers in 44 States, and we would like to inquire how other States are handling or will handle this request. For States that would approve this request, what documentation would they require to demonstrate workers would not exceed 10% of a dose limit.	CA, IL, ID, MN, WI have not seen this yet and would require a year of dosimetry reports. IL, WI must have badge for fluoro. Would the state require new dosimetry if new machine installed NO - IL, WI, ID	2022 04	Dosimetry
The State of Arkansas is evaluating the potential use of the NITON XL31 600 Analyzer within the state. This is a portable XFR device is without a safety device that would prevent entry of an extremity into the primary beam. Many states have regulations that require this safety device. QUESTION: What states have granted an exemption or "variance letters" for the NITON XL31 600 Analyzer where a safety device would not be required?	FL is it like other the devices where it must be pushed against something to pull the trigger (proximity sensor)? NH were made aware that Thermo allows the proximity sensor to be disengaged so they watch them use it and look at training procedures and policies. AK doesn't require the safety device, just requires dead man switch. PA has seen them at pawn shops and the proximity sensor was disabled with a piece of foil. One owner held up a piece of jewelry in one hand operated unit with the other. AR "what is to say its not a body part pushing on proximity sensor?" However, not all models have proximity sensors. NC has regulations that address bypassing the safety device. Pawn shops are required to use a test stand. Does Thermo say it meets therequirements for the safety device? FL assumes people are trained to use it properly and the facility has SOP requirements. The specification page from manufacturer states it's password protected as well as locking shielded carrying case and belt holster. AK - has the condition in regulations that the device operator must attest to operational conditions of the device. Must document the operator is trained in proper use of device. Only to be used on objects, no human or animal use. No dosimetry required as no part of operator should be in the beam of the device. Has anyone seen stands or back scatter devices backscatter shields that would prevent someone from putting their hand in the beam? Some do come with stands. PA has seen stands and shielded sample enclosures. I think usage would depend on what they're analyzing. Metal beams and misshapen larger materials may not fit or be able to be analyzed in such configurations. If the HHXRF is connected to the test stand it has a sensor that terminates the exposure if opened. Test stands are used in lab settings. What about required dosimetry?	2023 04	Industrial, Dosimetry, Shielding
How are states handling special use requirements (replacement due to end-of-life deterioration, damage, or QA concerns; calibration checks or recalibration; etc.) concerning registrants using Direct Ion Storage dosimetry (Instadose)?	Does the registrant provide a procedure, and then this gets tied down in the registration as a condition (similar to how it would be handled in the Radioactive Materials licensing process...NRC RIS 2018-04)? There wasn't a clear answer to this the question was misunderstood. The question pertained to the use of instadose dosimetry during special use circumstances.	2023 05	Dosimetry
From Arizona - In reference to the SSRCR, Part D, Section D.1502(a)(v), which requires the use of individual monitoring devices by individuals working with medical fluoroscopic equipment: Do any states issue exemptions from this rule for facilities which provide evidence that the dose to some individuals is below 10 percent of the annual limits?	NC gives RSOs the ability to decide who needs to be badged. TX do not allow exemptions. At any time the dose rate and/or fluoro time could increase. IA does allow exemptions, but it goes go through a physicist showing they haven't have more than permissible dose in 3 years. From Alabama - from Nick Swindall to everyone: (e) Personnel Monitoring. Each registrant shall provide personnel monitoring devices which shall be used by: 1. Each individual who receives, or is likely to receive, whole body dose in excess of 25 milliroentgens per week; 2. Each individual who enters a high radiation area; 3. Each individual who operates mobile x-ray equipment; 4. Each individual who operates fluoroscopic equipment; 5. Each individual while he services an operable x-ray producing machine.	2023 11	Fluoroscopy, Dosimetry

How are states handling dose to public for portable machines? When inspecting, are you expecting to see an area survey or public area dosimetry system used? Would you look at this situationally? (50 rooms vs 3 rooms)	Nebraska - Does not require a shielding review or monitoring if it's a mobile unit used in multiple rooms, regardless of the number of rooms. New Hampshire - Requires a physics report of the machine but not a room survey. Requires scatter plot for c-arms. Pennsylvania - Does not require an area survey/scatter plot unless the unit was fixed in a certain location for an extended period of time. When inspecting, PA is looking for proper shielding and machine evaluations. Fluoroscopy- annually. C-arms are not required to be evaluated annually, though most physicists do it anyway. North Carolina- Requirements are similar to Nebraska, but notes they did not allow a stationary radiographic unit to be used as a portable because it didn't meet the operator behind a protective barrier requirement.	2024 11	Portable/Mobile, Dosimetry, Fluoroscopy
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Topic	State Responses	Meeting Date	Cross Reference
New Hampshire asked for opinions on a 1991 Continental xray/ fluoroscopic unit. It can be used as a conventional x-ray unit , or in a fluoroscopic mode (after folding up the cassette holder). The 1991 Continental x-ray/fluoroscopic unit is a very old 19 machine. Goff Lau mentioned that he did not inspect this unit, but his predecessors did. The inspector told him that the unit is a radiographic/fluoroscopic (R/F) unit. If we are talking about the same Continental x-ray/fluoroscopic unit as New Hampshire, the FDA had a recall on it. The machine also had an interlocking mechanism that you need to lower the fixed metal diaphragm in order to collimate the fluoroscopic x-ray beam to the size of the image intensifier. If you use fluoroscopy without the fixed metal diaphragm in the x-ray beam, it would cause the x-ray field to be larger than the image intensifier. Some inspectors call this "blow through" radiation." This machine interlocking mechanism would be faulty at times and let you fluoroscopic with or without diaphragm in the x-ray beam. Therefore, the Continental x-ray had an FDA recall.		2019 10	Medical, Fluoroscopy, FDA
Lisa from CA has a request from Dexcown to do chest x-rays with a handheld unit. They have filed an extension with FDA for approval.	MN has talked about them. Most states have said no because it hasn't been approved by the FDA.	2020 04	Hand Held Devices, FDA, Medical
Has any state seen the AIRTouch Handheld Portable Unit that has received FDA approval? It is being introduced as a quick way to perform chest x-rays during the COVID-19 virus. From the Medgadget web site: Aspenstate announced that it has received FDA clearance for the AIRTouch, a lightweight portable X-ray system that could be particularly useful for quickly obtaining chest X-rays of COVID-19 patients. The handheld device weighs in at 5.5 pounds (2.5 kg) and resembles a large digital camera with a touchscreen. AIRTouch acquires images with the push of a button and can wirelessly transmit them to PACS (clinical image storage system), without the need for a computer. Its battery charges within two hours and can capture up to 300 exposures per charge. Its portability has already made it useful in drive-through screening centers in South Korea, according to the company. Here is a link to a YouTube video of this unit: <a href="https://youtu.be/HlIdU7I2xug">https://youtu.be/HlIdU7I2xug</a>	NO - WI, CA, NV, IL, HI, FL, NJ, ID, PA YES – TX had a similar unit and they did not approve it for CXR. Melissa hasn't seen or heard of it. She hasn't seen anything mentioned in any of the physicist groups she follows.	2020 06	Hand Held Devices, Medical, FDA
What states have approved the Dexcown DX 3000 Dental Hand-Held Unit? If they have approved use of this unit, are they aware of the FDA warning letter dated 2/20/18? How would your state handle this situation if you have not been aware of the letter (e.g. still all use of unit, not let it be use). The warning letter is attached.	Notify owner of machine they must cease use until the problem is resolved. CA lets them use it because it is still technically approved. ID has not seen this machine in the state. SC found the warning letter while doing research on the Cocoon.	2020 06	Hand Held Devices, Dental, FDA
How do other states handle equipment that has not been approved by the FDA yet? SC has a request to bring in an investigational unit from out of the country that is not yet approved. It will be used on phantoms not humans or animals.	NH, ID, WI, NC don't require FDA approval on all units so there is room for them to do so. They would just need to meet regulations and would be considered industrial equipment.	2021 07	FDA
The FDA no longer requires 2579's be submitted to FDA. FDA has made MITA and the manufacturers aware there are still state requirements that have to be met. MITA is recommending the states still accept the FDA 2579.	Per FDA representative, the 2579s are still required by regulation. They are working to remove the requirement. However, the forms are free and available for the states to use	2021 09	FDA
Do any states specifically reference the FDA 2579 in their current regulations, and if so, have they experienced any issues or anticipate the change will create any?		2021 09	FDA
Do any states require an FDA 2579 to be submitted, or is it okay to submit the information contained in 2579?	No requirement for 2579 -ID, HI, NH and NC has application form the requests the same information, NI does not specifically reference the 2579 but requests whatever current form is being used. FL has their own form similar to the 2579.	2021 09	FDA
Has anyone received inquiries regarding the conversion of tanning beds into red light therapy beds by changing the bulbs from ultraviolet to red light bulbs? If your state has a tanning program, are you allowing this conversion? FDA's take on this would be appreciated.	No tanning program – ID Yes tanning program but not under radiation– IL, NE, WI FL has a tanning program but has not had this issue. Iowa does have a tanning program and we do not allow the red bulbs. Below is on our website: Red Light Therapy Lamps, Red light therapy lamps may only be used in therapy units specific for red light therapy. Red light therapy lamps may not be used in tanning beds or mixed with tanning lamps. Tanning lamps may not be used in red light therapy lamps or mixed with red light therapy lamps. SC has a program and an owner wants to change the lamps to red light. FDA says it depends on who is doing the conversion and what claims they are making after the conversion. IE. Medical vs general wellness claims. "Lessens wrinkles" is a medical claim and not allowed. General health "improves mood" or "Makes you feel better" are allowed. If there are any devices that you are aware of making medical claims let the Donald Miller (donald.miller@FDA.hhs.gov) at the FDA know.	2021 11	FDA, Regulations
Until recently Minnesota had been basing dental/maxillofacial cone beam computed tomography quality control requirements of CFR Section 1020.33 Computed tomography (CT) equipment.1020.33, (d) quality assurance and phantom requirements on the way that FDA has been classifying the x-ray system in the 510k Premarket Notification Database. FDA had been classifying these systems under the Device Classification Name as either System, X-Ray, Extraoral Source, Digital, or X-Ray, Tomography, Computed, Dental. MDH had a discussion with the FDA and found out that regardless of how a CBCT or 3D system is classified, if it is capable of performing CBCT or 3D imaging, the system is a CT system and the system and manufacturer must comply with the requirements of CFR Section 1020.33 Computed tomography (CT) equipment.1020.33. Some states may be aware of this but MDH just wanted to let everyone know. Per FDA and CRCPD white paper the manufacturer is supposed to supply a phantom with instructions for QC. The phantom is the issue that Minnesota is having an issue. In 2017 CDH had used to want to know if a phantom was not supplied. This was bypassed by classifying these as extraoral dental radiographic units. There is some discrepancy because they can be used as 2D but are 3D ready with a software upgrade.	PA has had many discussions with the FDA regarding this and hasn't received any help. PA require as QC program using a phantom by following the manufacturers requirements. Many facilities don't know that it is in their owner's manual. NC is having the same issues of operators not knowing how to use the phantom. Also, NC has had installers mark "other" for type and it depends on what software is being used. So, it is very difficult to figure how they are using these. Serena from PA "I often reference that 1020.33 regulation to tell users that they do not have to pay separately for the phantom. The vendor is required to provide an appropriate phantom specific to the unit." From Bill in WI it would be nice if CRCPD could come up with a generic minimum of CBCT QC tests we could hold them to in the absence of the manufacturer's recommendations. The problem is there are just way too many differences between mfg.'s & models. Until there are national standards in place we must rely on them.	2022 04	CBCT, Dental, FDA
This is from a question Texas posed to the FDA: "We have a couple of service companies asking where to identify the x-ray device model and serial number when they start to change out components. Historically, we've taken it from the console, but many of them are now being replaced with computer keyboards and monitors. Our next spot was the generator but if they replace the generator with a different make and model, does that create a new x-ray device?" "B	From Don Miller at the FDA: (1) A high-voltage generator is a certifiable component. Replacement of a certified generator with an equivalent certified generator does not create a new x-ray device. (2) FDA considers that a laptop computer or desktop computer with an off-the-shelf monitor that uses software to control diagnostic x-ray systems serves the same function as an x-ray control. Such computers and displays are subject to the same labeling requirements as any other diagnostic x-ray control as described in 21 CFR 1020.30(b). The certification and identification labels (or a display of their contents) must be readily accessible by the user (21 CFR 1010.2 and 1010.3) and the required warning statement must be displayed on each laptop computer or desktop computer with an off-the-shelf monitor used as a control panel (21 CFR 1020.30(j)). There are multiple ways to meet these labeling requirements. For example, physical labels consistent with 21 CFR 1010.2 (Certification), 1010.3 (Identification), and 1020.30(j) (Warning label) can be used. Alternatively, the labeling can be electronic (on the display monitor), as long as each time the system is started, the screen displays the identification label and the certification label, requiring user action before removing these labels and resuming the start-up sequence; and during use, the required warning label is continuously displayed on the screen. TX wanted to share this with the group because it seems to come up every so often.	2022 12	FDA
There is a new C-arm, Skan-C that is FDA approved. <a href="https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pmm&amp;id=K170946">https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pmm&amp;id=K170946</a> When one of our physicists was reviewing the system, the C-arm was not resetting to normal mode after the high-level control is activated and used. What are other states doing? Mike from VA posed the question. What is everyone advising the facility to document as to how they are addressing the issue as new people are trained on the unit.	It was mentioned that the FDA should be notified so they can send an update notice.	2023 03	Fluoroscopy, FDA
The FDA believes the following two issues have improved and are no longer significant issues. CBCT systems sold without phantoms - Need specific details, preferably a copy of the FDA 2579 or equivalent Any x-ray systems where trainers or applications specialists are exposing staff during training without a prescription order. •Need specific details on the company/manufacturer •A copy of the inspection report would be sufficient If you are still encountering these situations, please share information with the FDA by emailing Donald.Miller@fda.hhs.gov.	Mary Ann/ Illinois is still seeing phantom issues. Any indications as to actions taken, i.e., phantom being provided, any other solutions to this? None that Lisa knows about. FDA in stages of collecting data and then figuring out how to move forward.	2023 06	FDA, CBCT, Prohibit Acts
Update on IEC acceptance and FDA performance standards	Mary Ann Spohrer – In approximately 2017 the FDA proposed using IEC standards for new manufacturers for approval. The x-ray units will still need to be approved by FDA as an alternate standard. The main issue with is that the IEC standards need to be purchased. The purchase of them can get expensive as there are several of them and they are charged per standard, per person using them. They cannot be printed or downloaded. Also, the IEC standards need to be included in their premarket approval. Currently, the FDA is unaware of anyone using these, but that may change. MITA had plans to do a type of "cross-walk" to make the standards more readily available. That hasn't happened but there is another organization that is willing to help with this. The ACR presented this topic at the 2018 CRCPD conference and the bottom line is that this was decided b the FDA and it is "predictable and it will come." One issue TX and possibly other states have seen are manuals that list the IEC standards in them. But the number has just been listed instead the exact verbiage. SSR part F will need to be updated to include the use of the IEC standards. Part F is currently being evaluated. Please be sure to answer the survey on Part F that went out a few weeks ago. Any state can purchase IEC standards put there are many standards and parts and each part must be purchased separately and each user must purchase they're own. This will not be cheap. There will be differences because the FDA regulates manufacture of equipment while the states regulate usage. AAPM also has similar issues to ours.	2023 08	IEC, FDA

<p>The State of Nevada Radiation Control Program has been seeing an increased of dental handheld radiation producing machines (RPMs) that are not FDA approved. In some instances, these RPMs were given with an install of another dental machine and in other instances, purchased directly from an U.S. and overseas vendor and/or online, like from eBay.</p> <p>Our regulations state that all portable equipment which is hand-held must comply with the applicable performance standards of 21 C.F.R. §§ 1020.30 to 1020.40, inclusive, which were in effect at the time the unit was manufactured. We are also seeing that some of the vendors/installers are from neighboring states and bringing the devices with them. Are other states having similar situations and what process/policy do you implement, like contacting the states – informing them of the situation?</p>	<p>NJ will ask where the unit came from and they are embargoed if not approved. Warning them about them and taking them out of service.</p> <p>EVO care has different models, only some are FDA approved.</p> <p>Does anyone have an example of a legit FDA sticker?</p> <p>Lu Jiang suggests that these are sent to the FDA with all pertinent information</p> <p><a href="https://www.fda.gov/medical-devices/reporting-allegations-regulatory-misconduct/allegations-regulatory-misconduct-form">https://www.fda.gov/medical-devices/reporting-allegations-regulatory-misconduct/allegations-regulatory-misconduct-form</a></p>	2023 09	Dental, Hand Held Devices, FDA
<p>Woodpecker handheld dental? SC is following up on this brand, NV has an inspection on one soon. Has been approved but the FDA. However, not all components have been certified.</p>		2023 09	Dental, Hand Held Devices, FDA
<p>SC has any other states asking if the have their own version of the 2579. The 2579s are available electronically but no longer an official form.</p>	<p>IL specifies the information they need so they can use either.</p> <p>ID uses 2579. We have a link on our website to upload them.</p> <p>NE tries to get them but uses anything that contains all the information.</p>	2023 09	FDA

Topic	State Responses	Meeting Date	Cross Reference
Regarding temporary use of hand held XRF and dental, mobile c-arms and radiographic, does your State: 1. Allow for loan of a system from a vendor to a registrant/licensee, or from one registrant/licensee to another? 2. Have specific rules for notification to your agency or written approval? 3. Require verification that the system is functioning properly when received for temporary use?	WI - 30 days temp TN - full feet DE - reciprocity NC - 5 day notification MD - registration HI - notification possible inspection ID - 180 days in state with no registration requirements, notification required FL - full registration and notification	2019 06	Hand Held Devices, Dental, Fluoroscopy, Industrial
For Private Practice Facilities, namely ENT clinics, have your inspectors encountered the use of c-arms for barium swallows?	AR - no nurses operating WI - not SC - no DE - request for approval from rehab hospital 1st time for that TX - yes, received approval using RT and practitioner	2019 06	Fluoroscopy
We have a situation that has arisen here in Virginia regarding the interpretation of a C-arm vs Lateral Fluoroscope and the testing requirements. I would like feed back on units used in Angiography and Catheterization Labs. Are these units routinely tested as c-arm or lateral fluoroscope? The problem is that a tech set up the c-arm for normal use and it was only set up at 15 cm.	AZ - By definition, lateral c-arms are locked in position. Tubes are inspected as separate tubes MA - has 2 sets of regulations regarding distance MS - tested at 15 cm AAPM - Per Melissa the lateral fluoroscope should be tested at 30 cm	2019 08	Fluoroscopy
Has anyone come across hand held fluoro?	NH and NC has seen fluoro for industrial use. These are used for pipe lines and by bomb squads. FL has had issues with the type of classifications. NH determined the rate was very low.	2019 08	Hand Held Devices, Fluoroscopy, Industrial
New Hampshire asked for opinions on a 1991 Continental xray/ fluoroscopic unit. It can be used as a conventional x-ray unit, or in a fluoroscopic mode (after folding up the cassette holder). The 1991 Continental x-ray/fluoroscopic unit is a very old 19 machine. Geoff Lau mentioned that he did not inspect this unit, but his predecessors did. The inspector told him that the unit is a radiographic/fluoroscopic (R/F) unit. If we are talking about the same Continental x-ray/fluoroscopic unit as New Hampshire, the FDA had a recall on it. The machine also had an interlocking mechanism that you need to lower the fixed metal diaphragm in order to collimate the fluoroscopic x-ray beam to the size of the image intensifier. If you use fluoroscopy without the fixed metal diaphragm in the x-ray beam, it would cause the x-ray field to be larger than the image intensifier. Some inspectors call this "blow through" radiation." This machine interlocking mechanism would be faulty at times and let you fluoroscopic with or without diaphragm in the x-ray beam. Therefore, the Continental x-ray had an FDA recall.		2019 10	Medical, Fluoroscopy, FDA
There was also a conversation about digital motion x-ray (DMX). The DMX is a c-arm type fluoroscopic x-ray unit. The patient and the operator are in the same room separated by a leaded barrier. Hawaii tested the machine like a fluoroscopic unit. The chiropractor who used it wanted the fluoroscopic unit because he wanted to see the patient's range of motion in the neck region. We required the facility to get an area radiation survey to determine if the operator position was safe. Area survey was done, and it was determined that the operator position was safe behind the leaded barrier. This might not be a good representation of an area radiation survey for this fluoroscopic unit since the facility did not use the machine so much.		2019 10	Medical, Fluoroscopy, Dosimetry, Shielding
A year or 2 ago Hologic Insight 2 and Insight FD mini c-arms were continuing to image after letting off the fluoro pedal. They are disabling the continuous on function for these units.		2019 12	Fluoroscopy
Has anyone heard of the micro C-Arm handheld fluoroscopic unit?	None of the states have but here is a link to it: <a href="https://www.microimaging.com/">https://www.microimaging.com/</a>	2020 01	Fluoroscopy, Hand Held Devices
Any states running across CV techs run fluoroscopy.	Not supposed to CA, OH, FL, HI (tech can only move fluoroscope) Allowed MN, ID,	2020 01	Fluoroscopy, Operator
What test tools do others use to check fluoroscopy collimation?	No testing AZ, CA, NC, Unfors DXR ruler - WA C-Arm only Glow Screen - WI on C-Arm only Slide Assembly Grid - ID	2020 02	Fluoroscopy, Machine Testing
What type of operator requirements do states have surrounding Cath Labs. There seems to be a practice in these labs for RN's to be operating the fluoroscopy table and pedal under physician supervision.	IL, operator requirements - they run into this all the time, and facilities are cited, so does AR, FL, SC and in HI. AR does have limited specialty license that limited techs can go through for certification. WI, under licensing, Dr. has authority under his license to have anyone he wants to step on the pedal under his direct supervision. CA, anyone can move, or manipulate equipment/pt. if beam isn't on.	2020 10	Fluoroscopy, Operator
If your state requires fluoroscopic patient exposure recording or tracking, do you apply this to mini C-arms as well?	No - WI, NC no documentation requirement ID Yes - AZ (no distinction), CA just started but has been asked for a mini c-arm exemption. AR for longer procedures, they require them to record fluoro times CO have them in patient record but the facility has to have a fluoro guidance committee tasked to monitor & use the least amount of radiation. ID requires documentation in the patient's record per section F of the suggested state regulations. As a side note, the ACR's dose index registry for fluoroscopy is live. Please click on this link for more information: <a href="https://www.acr.org/Practice-Management-Quality-Informatics/Quality-Care-News/Newsletter/Quality-and-Safety-eNews-September-2020/New-Modules">https://www.acr.org/Practice-Management-Quality-Informatics/Quality-Care-News/Newsletter/Quality-and-Safety-eNews-September-2020/New-Modules</a> There are several hyperlinks that can take the reader to additional pages and information.	2021 01	Fluoroscopy
Does any other state have Fertility clinics that use C-arms for HSG's (hysterosalpingograms)? What are they finding?	YES - ID (no problems) LA (very quick, < minute fluoro time) AZ, CA doesn't make distinctions on studies	2021 01	Fluoroscopy
The handheld "Micro-C" fluoroscope has just been approved for sale by the FDA. Are any states where there's a clear path forward to just throw it into use, or is a waiver process indicated?	WA, WI, AL requires variant ID will need approval AL, NC grants exemptions but must test it SC, NH require waivers *This unit received it's S10K one month ago.	2021 03	Fluoroscopy, Hand Held Devices
Have any states found c-arms used in chiropractic facilities? If so, do you require specific training/education for the chiropractor? Does the chiropractor operate the unit?	NB fluoro training required for c-arm, requires the chiropractor to be in room as fluoro is going. CA specific fluoro permit requires additional training, allows standing orders for tech to operate without doctor in room HI, NB, ID chiropractors can use fluoro and interpret it WI requires AAPM training.	2021 03	Fluoroscopy
Pennsylvania has a question about how other states are handling situations where Doctors performing interventional radiology aren't wearing finger badges, and then using concerns about the field of sterility as a reason for not wearing the finger badge. Are other states citing violations in these situations? Is anyone asking the RSO to calculate an estimated finger dose?	No finger badges required WI, CO, ID, WA, FL. NC hasn't encountered this but feels it would be appropriate to have a dose calculation done.	2021 05	Dosimetry, Fluoroscopy
How many states allow fluoroscopy-guided positioning (FGP) for radiographic imaging? A registrant has a fluoroscopic system without an overhead radiographic x-ray tube and wants the radiologic technologist to fluoro to position patients in order to obtain a scout and post-procedural images receptor during GI procedures using the fluoroscopic image. This positioning would be without a qualified practitioner present in the room. If anyone has literature on this topic, from AAPM, HPS, NCRP, Image Gently, or Image Wisely would be helpful.	NO - WI, SC, IA, ID adopted the CRCPD 5SRs section F.5.m.ii prohibits this practice. FL allows tech to position the tube for a swallow study under fluoroscopy without a provider present. Per Kate, some states will allow an exemption if a tech is directly supervised by a provider, generally in the cath lab, not GI studies. Please see the attached list of ACR policies relating to technologist utilizing fluoroscopy.	2021 08	Fluoroscopy, Operator
There is a new option from Konica for cineradiography in lieu of fluoroscopy. How is that being viewed by the different states? Does anyone have any measured data on these units?	Most of the states have seen this yet. The general consensus is that hopefully it will be lower than the old cineangiography since it is a DR unit.	2021 11	Fluoroscopy, Medical, Digital Imaging
Many of the states have received e-mails regarding the new Siemens battery operated c-arm unit. Here is a link to a site demonstrating its use: <a href="https://turnerxray.com/">https://turnerxray.com/</a> How are states planning on handling this type of device?	UT, NH, ID hasn't seen any yet but would just handle as mobile c-arm. NE says they are requiring testing before use. The states with fluoro regulations will handle these the same as regular fluoro units including regulations on operator qualifications. VT only concern so far is to ensure that operators are trained to use the unit before they start using it.	2021 11	Fluoroscopy
NH wanted to give a heads-up that Oxos handheld fluoroscope (extremity only) is on the way. Here is a link: <a href="https://oxos.com/">https://oxos.com/</a>		2021 11	Fluoroscopy, Hand Held Devices
Question from Colorado: Has anyone seen the OXOS Micro C? How do you manage the regulatory restrictions around portable use on ambulatory patients? Per CO regulation portable use is for patients who are "impractical" to transfer to a stationary unit. How do you address this issue? Are these machines approved with a variance? Not approved for use at all?	ID, WI, haven't seen it WI saw one that had no way to measure focal spot so they denied it, but a variance required if they could measure SID. CA would allow it NC would allow if they were able to measure the SID SC, AL would require a variance AZ would not have anything to restrict it. Should be treated no differently than a handheld veterinary GP unit. Alaska regulations do not have any restrictions on device size, shape or configuration. If it produces an x-ray it can be used, but must be registered.	2022 02	Fluoroscopy

Has there been any previous discussion about the G-arm? It is a biplane c-arm that has an adjustable SID on at least 1 of the 2 models. <a href="https://whaleimaging.com/products/g-arm/">https://whaleimaging.com/products/g-arm/</a>	Kate mentioned that biplanes have been used in cath labs for decades so wondering what new they have to offer. Apparently, these are mobile biplane units.	2022 03	Fluoroscopy
There is a new C-arm, Skan-C that is FDA approved. <a href="https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pmm&amp;id=K170946">https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pmm&amp;id=K170946</a> When one of our physicists was reviewing the system, the C-arm was not resetting to normal mode after the high-level control is activated and used. What are other states doing? Mike from VA posed the question. What is everyone advising the facility to document as to how they are addressing the issue as new people are trained on the unit.	It was mentioned that the FDA should be notified so they can send an update notice.	2022 03	Fluoroscopy
PA would like to know if anyone has come across RCIS registered staff in CV labs? They are not allowed to perform fluoro there because they are not ARRT and not providers, but now are saying they are allowed to.	NOT allowed CA, NE CO makes them take a fluoro operators exam (from the ARRT) can sit for the fluoro exam if they meet eligibility requirements per the state regulations. I would think that even though running the fluoro equipment is in the scope of practice for an RCIS, they are still bound by state law as to whether or not it is allowed.	2022 05	Fluoroscopy, Operator
Arizona is requesting input on a received exemption request regarding the requirement to wear aprons during fluoroscopic procedures. The applicant is "Protego Radiation Protection Systems", and in summary the system utilizes a shielding system with movable walls (therefore adjustable "protection zones"). Our biggest concerns here are that the Protego shield does not provide 0.25 mm lead equivalent at the head of the table and some areas in the room on the opposite side of the table from the operator, and rather relies on the facilities to establish their own unique protection zones that are demarcated on the floor. We are aware that the state of Michigan has approved this, and we are curious how other states would proceed. An information brochure and the Michigan approval notice is attached for reference.	WI had a radiologist that used moveable walls in lieu of an apron due to back issues that had an exemption FL doesn't specify aprons or not but does require .25 mm equivalent. CA would want to look at what was happening in the zone outside the demarcation areas.	2022 07	Fluoroscopy, Shielding
Has there been any previous discussion about the G-arm? It is a biplane c-arm that has an adjustable SID on at least 1 of the 2 models. <a href="https://whaleimaging.com/products/g-arm/">https://whaleimaging.com/products/g-arm/</a>	No answers to this. It was asked by Jill from IL. She has not seen any but has done research. Kate mentioned that biplanes have been used in cath labs for decades so wondering what new they have to offer. Apparently, these are mobile biplane units.	2023 03	Fluoroscopy
There is a new C-arm, Skan-C that is FDA approved. <a href="https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pmm&amp;id=K170946">https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?db=pmm&amp;id=K170946</a> When one of our physicists was reviewing the system, the C-arm was not resetting to normal mode after the high-level control is activated and used. What are other states doing? Mike from VA posed the question. What is everyone advising the facility to document as to how they are addressing the issue as new people are trained on the unit.	It was mentioned that the FDA should be notified so they can send an update notice.	2023 03	Fluoroscopy, FDA
From Arizona - In reference to the SSRCR, Part D, Section D.1502(a)(v), which requires the use of individual monitoring devices by individuals working with medical fluoroscopic equipment: Do any states issue exemptions from this rule for facilities which provide evidence that the dose to some individuals is below 10 percent of the annual limits?	NC gives RSOs the ability to decide who needs to be badged. TX do not allow exemptions. At any time the dose rate and/or fluoro time could increase. IA does allow exemptions, but it goes go through a physicist showing they haven't have more than permissible dose in 3 years. From Alabama - from Nick Swindall to everyone: (e) Personnel Monitoring. Each registrant shall provide personnel monitoring devices which shall be used by: 1. Each individual who receives, or is likely to receive, whole body dose in excess of 25 milliroentgens per week; 2. Each individual who enters a high radiation area; 3. Each individual who operates mobile x-ray equipment; 4. Each individual who operates fluoroscopic equipment; 5. Each individual while he services an operable x-ray producing machine.	2023 11	Fluoroscopy, Dosimetry
From Illinois - I was just wondering if any other states have started to see this piece of equipment. Here is the link <a href="https://turnerxray.com/sports-medicine/">https://turnerxray.com/sports-medicine/</a> . I wondered how other states are handling it. We have seen one in a podiatrist office and a surgery facility.	No TX, ID, PA would probably treat it as a mini fluoroscope and require annual physicist survey. NC has had inquiries but hasn't seen them yet. They would treat it as a mini fluoroscope and cannot be handheld Additional questions: What are the indications for use? What happens when the batteries get low? How does the sales guy demonstrate it with no phantom? IL has seen them in surgery centers and podiatrist offices. Regina from NC is going to do some investigation on this and report back next month. There is also concern on tube output when the batteries get low.	2023 11	Hand Held Device, Medical, Fluoroscopy
Arkansas - What do other states do to qualify a diagnostic medical physicist to be able to perform surveys on fluoroscopy?	Illinois We have an approval process for medical physicists, although we call them diagnostic imaging specialists or therapeutic radiological physicist, depending on if they're performing diagnostic or therapy surveys. Facilities that are classified as hospitals or that have mammography or therapy equipment, must have a medical physicist/ diagnostic imaging specialist evaluate all their extreme machines on an annual basis. But if it's a fluoroscopic unit in a medical clinic, they would not be required to have a physicist evaluate that unit. Nebraska - same as IL Alaska - For medical physicists, we have two separate requirements. One to service devices, the other to do work and things that pertains to patients.	2024 05	Fluoroscopy, Physicist
How are states handling dose to public for portable machines? When inspecting, are you expecting to see an area survey or public area dosimetry system used? Would you look at this situationally? (50 rooms vs 3 rooms)	Nebraska - Does not require a shielding review or monitoring if it's a mobile unit used in multiple rooms, regardless of the number of rooms. New Hampshire - Requires a physics report of the machine but not a room survey. Requires scatter plot for c-arms. Pennsylvania - Does not require an area survey/scatter plot unless the unit was fixed in a certain location for an extended period of time. When inspecting, PA is looking for proper shielding and machine evaluations. Fluoroscopy- annually, C-arms are not required to be evaluated annually, though most physicists do it anyway. North Carolina- Requirements are similar to Nebraska, but notes they did not allow a stationary radiographic unit to be used as a portable because it didn't meet the operator behind a protective barrier requirement.	2024 11	Portable/Mobile, Dosimetry, Fluoroscopy
1) From Arizona - In reference to the SSRCR, Part D, Section D.1502(a)(v), which requires the use of individual monitoring devices by individuals working with medical fluoroscopic equipment: 1. Do any states issue exemptions from this rule for facilities which provide evidence that the dose to some individuals is below 10 percent of the annual limits?	NC gives RSOs the ability to decide who needs to be badged. TX do not allow exemptions. At any time the dose rate and/or fluoro time could increase. IA does allow exemptions, but it goes go through a physicist showing they haven't have more than permissible dose in 3 years. From Alabama - from Nick Swindall to everyone: (e) Personnel Monitoring. Each registrant shall provide personnel monitoring devices which shall be used by: 1. Each individual who receives, or is likely to receive, whole body dose in excess of 25 milliroentgens per week; 2. Each individual who enters a high radiation area; 3. Each individual who operates mobile x-ray equipment; 4. Each individual who operates fluoroscopic equipment; 5. Each individual while he services an operable x-ray producing machine.	2023 11	Fluoroscopy, Dosimetry
6) From Illinois - I was just wondering if any other states have started to see this piece of equipment. Here is the link <a href="https://turnerxray.com/sports-medicine/">https://turnerxray.com/sports-medicine/</a> . I wondered how other states are handling it. We have seen one in a podiatrist office and a surgery facility.	No TX, ID, PA would probably treat it as a mini fluoroscope and require annual physicist survey. NC has had inquiries but hasn't seen them yet. They would treat it as a mini fluoroscope and cannot be handheld Additional questions: What are the indications for use? What happens when the batteries get low? How does the sales guy demonstrate it with no phantom? IL has seen them in surgery centers and podiatrist offices. Regina from NC is going to do some investigation on this and report back next month. There is also concern on tube output when the batteries get low.	2023 11	Hand Held Device, Medical, Fluoroscopy
Bernie (Arkansas) - What do other states do to qualify a diagnostic medical physicist to be able to perform surveys on fluoroscopy?	Mary Ann (Illinois) - We have an approval process for medical physicists, although we call them diagnostic imaging specialists or therapeutic radiological physicist, depending on if they're performing diagnostic or therapy surveys. Facilities that are classified as hospitals or that have mammography or therapy equipment, must have a medical physicist/ diagnostic imaging specialist evaluate all their extreme machines on an annual basis. But if it's a fluoroscopic unit in a medical clinic, they would not be required to have a physicist evaluate that unit. Bernie (Arkansas) - Will email Mary Ann for specific guidance. Ben (Nebraska) - Has the same requirements mentioned by Mary Ann. They are required to be either a radiological health physicists or medical health physicists which is all defined in our regulations. Lisa (Texas) - provided the links to the AAPM guidelines and IAEA definitions in the chat. Irene (Alaska) - For medical physicists, we have two separate requirements. One to service devices, the other to do work and things that pertains to patients.	2024 05	Fluoroscopy, Physicist



How are states handling dose to public for portable machines? When inspecting, are you expecting to see an area survey or public area dosimetry system used? Would you look at this situationally? (50 rooms vs 3 rooms)	<div>•Nebraska<ul style="list-style-type: none"><li>oDoes not require a shielding review or monitoring if it's a mobile unit used in multiple rooms, regardless of the number of rooms.</li></ul></div> <div>•New Hampshire<ul style="list-style-type: none"><li>oRequires a physics report of the machine but not a room survey. Requires scatter plot for c-arms.</li></ul></div> <div>•Pennsylvania<ul style="list-style-type: none"><li>oDoes not require an area survey/scatter plot unless the unit was fixed in a certain location for an extended period of time. When inspecting, PA is looking for proper shielding and machine evaluations.</li><li>oFluoroscopy- annually.</li><li>oC-arms are not required to be evaluated annually, though most physicists do it anyway.</li></ul></div> <div>•North Carolina<ul style="list-style-type: none"><li>oRequirements are similar to Nebraska, but notes they did not allow a stationary radiographic unit to be used as a portable because it didn't meet the operator behind a protective barrier requirement.</li></ul></div>	2024 11	Portable/Mobile, Dosimetry, Fluoroscopy
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Topic	State Responses	Meeting Date	Cross Reference
Regarding temporary use of hand held XRF and dental, mobile c-arms and radiographic, does your State: 1. Allow for loan of a system from a vendor to a registrant/licensee, or from one registrant/licensee to another? 2. Have specific rules for notification to your agency or written approval? 3. Require verification that the system is functioning properly when received for temporary use?	WI - 30 days temp TN – full fee! DE - reciprocity NC - 5 day notification MD - registration HI - notification possible inspection ID – 180 days in state with no registration requirements, notification required FL – full registration and notification	2019 06	Hand Held Devices, Dental, Fluoroscopy, Industrial
Has anyone come across hand held fluoro?	NH and NC has seen fluoro for industrial use. These are used for pipe lines and by bomb squads. FL has had issues with the type of classifications. NH determined the rate was very low. HI see some from a Korean brand. The FDA would like these products reported to them.	2019 08	Hand Held Devices, Fluoroscopy, Industrial
Virginia would like to know if other states are seeing non FDA approved hand-held dental x-ray unit that are originating outside the U.S.?	AZ, PA and ID have but it's been awhile. HI see some from a Korean brand. The FDA would like these products reported to them.	2019 11	Hand held, Dental
Has anyone heard of the micro C-Arm handheld fluoroscopic unit?	None of the states have but here is a link to it: <a href="https://www.microimaging.com/">https://www.microimaging.com/</a>	2020 01	Fluoroscopy, Hand Held Devices
Lisa from CA has a request from Dexcowin to do chest x-rays with a handheld unit. They have filed an extension with FDA for approval.	MN has talked about them. Most states have said no because it hasn't been approved by the FDA.	2020 04	Hand Held Devices, FDA, Medical
Has any state seen the AIRTouch Handheld Portable Unit that has received FDA approval? It is being introduced as a quick way to perform chest x-rays during the COVID-19 virus. From the Medagadget web site: Aspenstate announced that it has received FDA clearance for the AIRTouch, a lightweight portable x-ray system that could be particularly useful for quickly obtaining chest x-rays of COVID-19 patients. The handheld device weighs in at 5.5 pounds (2.5 Kg) and resembles a large digital camera with a touchscreen. AIRTouch acquires images with the push of a button and can wirelessly transmit them to PACS (clinical image storage system), without the need for a computer. Its battery charges within two hours and can capture up to 300 exposures per charge. Its portability has already made it useful in drive-through screening centers in South Korea, according to the company. Here is a link to a YouTube video of this unit: <a href="https://youtu.be/HlduT2xug">https://youtu.be/HlduT2xug</a>	NO - WI, CA, NV, IL, HI, FL, NJ, ID, PA YES – TX had a similar unit and they did not approve it for CXR. Melissa hasn't seen or heard of it. She hasn't seen anything mentioned in any of the physicist groups she follows.	2020 06	Hand Held Devices, Medical, FDA
What states have approved the Dexcowin DX 3000 Dental Hand-Held Unit? If they have approved use of this unit, are they aware of the FDA warning letter dated 2/20/18? How would your state handle this situation if you have not been aware of the letter (e.g. still all use of unit, not let it be use). The warning letter is attached.	Notify owner of machine they must cease use until the problem is resolved. CA lets them use it because it is still technically approved. ID has not seen this machine in the state. SC found the warning letter while doing research on the Cocoon.	2020 06	Hand Held Devices, Dental, FDA
Wisconsin (Bill) –has any state approved the handheld radiography unit. He received an email from a company that wants to use it as a portable device on humans. He states he believes it's the Dexcowin unit and that it resembles the Nomad's used in dental. Ryu is the company contact individual requesting approval.	Ryu is the company contact individual requesting approval. North Carolina (Regina) states she has worked with Mr. Ryu and she currently does not allow use of that unit. Louisiana had denied the unit as well as Texas, and Iowa. Alabama has the Dexcowin approved for dental, have not approved the Dexcowin unit ABX 6000 for medical and veterinary at this time. California would consider an exemption only on case by case basis from user, not the vendor, but has not received any requests at this time.	2020 11	Dental, Hand Held Devices
The handheld "Micro-C" fluoroscope has just been approved for sale by the FDA. Are any states where there's a clear path forward to just throw it into use, or is a waiver process indicated?	WA, WI, AL requires variant ID will need approval AL, NC grants exemptions but must test it SC, NH require waivers *This unit received it's S10K one month ago.	2021 03	Fluoroscopy, Hand Held Devices
NC wants to what states are requiring for handheld industrial fluoroscopy.	NC, FL, AL has a couple handheld fluoro in their state under industrial radiography regulations.	2021 04	Hand Held Devices, Industrial
What are states safety requirements on hand-held dental units? Are most states requiring lead shields?	All states require the backscatter shield be in place. In CA they are unable to use one without the backscatter shield in place. NC, WI, SC, NV requires the use of a lead apron as well KS requires all of the above plus the use of a thyroid collar. NE also requires a lead apron and whatever the manufacturer requires for operators. NH also requires the user to wear an extremity badge. VT requires operators to wear lead shielding if they must hold the device at an angle, primarily in veterinary facilities.	2021 06	Dental, Hand Held Devices, Shielding
Dental handheld in veterinary facilities.	ID, NJ doesn't regulate as much since it's not for human use. WI regulates for operators and backscatter shield, but they are finding that the operators don't always stand behind backscatter shield. VT has the regulations for human and non-human.	2021 07	Hand Held Devices, Veterinary
NH wanted to give a heads-up that Oxos handheld fluoroscope (extremity only) is on the way. Here is a link: <a href="https://oxos.com/">https://oxos.com/</a> IL has had calls regarding people wanting to use hand held units for extremity work. Has anyone had one of these registered in the state?	CA has seen in mortuary and coroner offices. SC has a handheld unit they are currently reviewing. CA & HI would ask for an exemption & require the use of shielding and dosimetry. They don't have regulations on patient dose. TX would require a scatter shield and an SID chart to make sure dose is acceptable that is signed off by physicist. Some of these units are marketed to podiatrists. CO looked at something similar. You can email me or call katherine.ilberman@state.co.us ...ours was also OXOS. The OXOS system has an imaging plate that basically won't work unless it has all the proper parameters. It is only for extremity use. These units generally do not have enough power to perform any exams except extremity work. PA only allows X-ray units to be handheld if they are specifically designed to be. Operators would be required to be donned with 0.25 mm Pb equivalent shielding and must show that they are not at risk of hitting 500 mrem occupational dose per year if not badged. We have a regulation addressing image quality, but it is not specifically defined. CA would require monitoring for fluoro for anyone who could be exposed to 5mR/hr so nearly all fluoro but not some mini c-arms.	2022 04	Hand Held Devices, Medical
We are having a very difficult time here in Kansas with facilities trying to get their Kavo Nomads serviced (at the intervals outlined in the user's manual), and I wondered if anyone else is having difficulties with Kavo.	Kavo is currently 8 weeks for service. They do offer rental units for a large fee. However, the repairs are expensive and don't offer a certificate of compliance. SC requires that all handheld units are calibrated annually. They allow 60 days for units to be serviced. They have had no issues with Kavo	2022 10	Hand Held Devices
Please see the attached document regarding concerns with the EvoCare X-Air handheld intraoral unit for discussion. Has anyone else seen these or had a similar issue with them?	This is included as a reasonably quick, easy way to disseminate information about this unit. Lisa forwarded information to FDA/CDRH TX will test it if found in their state. The FDA is currently investigating. They are not sure if they are approved or not and some states couldn't find it on the approved list. I will attach the information to the notes as well.	2023 05	Dental, Hand Held Devices
NH does backscatter on hand-held device Genoray X-Ray To Go have to be in place during use at a veterinary clinic?	CO will allow individuals using a handheld dental unit to not wear an apron if there is a scatter shield in place on the unit. MN requires a variance for vet use and requires shield. NE, NJ, VA, ID requires backscatter shield at distal end, 0.25 lead equivalent. KS requires that handheld x-ray equipment must have a backscatter shield. The operator must also wear a lead apron and thyroid collar. KS does not allow the Genoray handheld unit. CA requires permanently installed backscatter shield. AK requires the scatter shield and protective garments. AL backscatter shield is required by the conditions of the waiver signed by registrant	2023 08	Hand Held Devices, Shielding, Veterinary
A representative of the KnovelCam is wanting to sell this equipment <a href="https://www.knovelcam.com/">https://www.knovelcam.com/</a> to mobile chiropractors in NC that will be used in a van. The representative told NC it is currently sold in TX, CA, OK, FL and will soon be sold in AK. They are marketed for use in podiatry offices, urgent cares, and for mobile chiropractic doctors. Can anyone share their states experience with this equipment? They are handheld devices used in a van.	Nothing in WI, SC, ID, HI, CO, CA It doesn't meet code in most states – WI, NE, ID, MN, NJ, TX, MO PA has seen a similar unit, the Europa Airtouch, it has a set SID but was unable to collimate. The machine was replaced by the manufacturer, and it was better. TX had the same thing happen and the unit was replaced but it didn't change anything. CO asked if this has been FDA approved? Per Lu Jiang, the FDA will update as they get more information.	2023 09	Hand Held Devices
The State of Nevada Radiation Control Program has been seeing an increased of dental handheld radiation producing machines (RPMs) that are not FDA approved. In some instances, these RPMs were given with an install of another dental machine and in other instances, purchased directly from an U.S. and overseas vendor and/or online, like from eBay. Our regulations state that all portable equipment which is hand-held must comply with the applicable performance standards of 21 C.F.R. §§ 1020.30 to 1020.40, inclusive, which were in effect at the time the unit was manufactured. We are also seeing that some of the vendors/installers are from neighboring states and bringing the devices with them. Are other states having similar situations and what process/policy do you implement, like contacting the states – informing them of the situation?	NJ will ask where the unit came from and they are embargoed if not approved. Warning them about them and taking them out of service. EVO care has different models, only some are FDA approved. Does anyone have an example of a legit FDA sticker? Lu Jiang suggests that these are sent to the FDA with all pertinent information <a href="https://www.fda.gov/medical-devices/reporting-allegations-regulatory-misconduct/allegations-regulatory-misconduct-form">https://www.fda.gov/medical-devices/reporting-allegations-regulatory-misconduct/allegations-regulatory-misconduct-form</a>	2023 09	Dental, Hand Held Devices, FDA
Woodpecker handheld dental? SC is following up on this brand, NV has an inspection on one soon. Has been approved but the FDA. However, not all components have been certified.		2023 09	Dental, Hand Held Devices, FDA
From Louisiana - We are seeing a lot of Nomad (Ariseb) handheld dental units with badly damaged housing, holes, coming apart in the middle area, etc. Are others seeing this? Do we think this is an age of the unit issue or just a handling issue? How are you handling this?	PA found 8 Nomads that were breaking apart and they called the company and they were told it was from cleaning products. Serena didn't find and tube leakage when tested. Another state was similar. I didn't catch which state WI would make them fix to keep to manufacturers specifications. Really only and issue if leakage and there is a concern with hygiene issues TX made them remove one from service until it could be tested.	2023 11	Hand Held Devices, Dental
From Illinois - I was just wondering if any other states have started to see this piece of equipment. Here is the link <a href="https://turnerxray.com/sports-medicine/">https://turnerxray.com/sports-medicine/</a> . I wondered how other states are handling it. We have seen one in a podiatrist office and a surgery facility.	No TX, ID, PA would probably treat it as a mini fluoroscope and require annual physicist survey. NC has had inquiries but hasn't seen them yet. They would treat it as a mini fluoroscope and cannot be handheld Additional questions: What are the indications for use? What happens when the batteries get low? How does the sales guy demonstrate it with no phantom? IL has seen them in surgery centers and podiatrist offices. Regina from NC is going to do some investigation on this and report back next month. There is also concern on tube output when the batteries get low.	2023 11	Hand Held Device, Medical, Fluoroscopy

<p>Florida – Is anyone familiar with the Aspen Europa - portable X-ray system and digital package? We got a request from a company.</p> <p>Asking about if that we would allow this system to be used in Minnesota, and the question I just responded back to him that they have to, be approved by the FDA, then they would approve. No response back from the company, but the device looks like a dental only unit. It has a collimator on it versus a cone. It's a 60 K VP2MA system and they want to use this in an orthopedic clinic. That was the conversation that I had with the gentleman.</p> <p>Has anybody else ran into this system?</p>	<p>Texas - We required the device to be used on a stand and there was another requirement</p> <p>Kissinger, Regina - Are there any states that require a company that contracts with radiation workers to provide dosimetry, such as a travel tech situation. With the lack of RT's, I was just wondering.</p> <p>Again, do any states require a company that contracts radiation workers to provide dissymmetry for those workers?</p> <p>Nevada, we do not. It's our registrant and licensees' responsibility to provide the dosimetry and maintain the records.</p> <p>Texas, we require dosimetry, but we don't specify who provides it.</p> <p>Idaho is the same as Texas.</p> <p>In Florida, the registrant licensee is who is responsible for it.</p>	2024 02	Dental, Hand Held Devices
<p>Has anyone had experience with Carestream selling their new CS 2400P handheld dental x-ray unit without prior approval from individual states?</p> <p>o We were told by their Corporate Environmental Health and Safety Officer that since the FDA (Food and Drug Administration) had approved its sale in the US, states did not have the authority to restrict sales, distribution, or use of the product. Was also informed that all states had approved this unit's sale except Vermont – have you all approved this unit for use in your states?</p>		2024 03	Dental, Hand Held Devices
<p>· Verke, Craig – Is anyone familiar with the Aspen Europa - portable X-ray system and digital package? We got a request from a company.</p> <p>Asking about if that we would allow this system to be used in Minnesota, and the question I just responded back to him that they have to, be approved by the FDA, then they would approve. No response back from the company, but the device looks like a dental only unit. It has a collimator on it versus a cone. It's a 60 K VP2MA system and they want to use this in an orthopedic clinic. That was the conversation that I had with the gentleman.</p> <p>Has anybody else ran into this system?</p>	<p>Balke, William – How are they going to get their SID distances the same? Consistent every time.</p> <p>Verke, Craig – Well, that I don't know. That's why I was wondering how it could comply with 21 CFR 1020 was 3031, but you know they never responded back to me.</p> <p>So maybe they're just inquiring and not realizing that.</p> <p>The company was Maven imaging, but I have not received a response back.</p> <p>Stephanie Lopez – So this is a device and Texas that we have ran into and I will look up the. Requirements that we sent to the company to become compliant with our rules and regs.</p> <p>This is one I believe we worked with recently.</p> <p>Verke, Craig – Well, one thing I looked at is they have this system that I'm looking at, this handheld that looks like a little camera doesn't appear to be a gone through the 5:10 database.</p> <p>I couldn't find it in there anywhere. They have a system, but it looks like a portable veterinary type of system.</p> <p>So yeah, I'm just curious as to I could not find anything about this system being even compliant with two one CFR federal regulations at all.</p> <p>Stephanie Lopez – This name just sounds familiar to me, so I will look it up to confirm that we are talking about the same device. It is 510K approved, but I remember it being listed under a different name, which is another problem we have been seeing lately.</p> <p>Verke, Craig – Because I even look at the NANOX system under the 510K, but it's listed as a computed tomography system, but there's no way of knowing if it is the same NANOX ARC that we're talking about earlier.</p> <p>Balke, William – I could see this Europa portable system being used by a vet's office, but not on people.</p> <p>Clark Eldredge – In Florida, I think I was approached by these folks at one point because it looks familiar, and I don't</p>	2024 02	Dental, Hand Held Devices

Topic	State Responses	Meeting Date	Cross Reference
Update on IEC acceptance and FDA performance standards	<p>Mary Ann Spoher – In approximately 2017 the FDA proposed using IEC standards for new manufacturers for approval. The x-ray units will still need to be approved by FDA as an alternate standard. The main issue with is that the IEC standards need to be purchased. The purchase of them can get expensive as there are several of them and they are charged per standard, per person using them. They cannot be printed or downloaded. Also, the IEC standards need to be included in their premarket approval. Currently, the FDA is unaware of anyone using these, but that may change. MITA had plans to do a type of "cross-walk" to make the standards more readily available. That hasn't happened but there is another organization that is willing to help with this. The ACR presented this topic at the 2018 CRCPD conference and the bottom line is that this was decided b the FDA and it is "predictable and it will come."</p> <p>One issue TX and possibly other states have seen are manuals that list the IEC standards in them. But the number has just been listed instead the exact verbiage.</p> <p>SSR part F will need to be updated to include the use of the IEC standards. Part F is currently being evaluated. Please be sure to answer the survey on Part F that went out a few weeks ago. Any state can purchase IEC standards put there are many standards and parts and each part must be purchased separately and each user must purchase they're own. This will not be cheap. There will be differences because the FDA regulates manufacture of equipment while the states regulate usage. AAPM also has similar issues to ours.</p>	2023 08	IEC, FDA

Topic	State Responses	Meeting Date	Cross Reference
Michelin Retread Technologies (MRT) x-ray machine A mini c-arm used to image tires to determine if they are eligible to be retread or not. Mainly used for large tires such as those on semi-trucks: <a href="https://www.michelintruck.com/tires-and-retreads/retreads/michelinretread-technologies/">https://www.michelintruck.com/tires-and-retreads/retreads/michelinretread-technologies/</a> Hover over the #2 and a video will pop up. 1. Have any states seen this device? 2. Did they allow it to be registered/used in their state? If so, did they make any additional requirements?	Allow with training WI – manufacturers training CA FL ID – Idaho's basic radiation safety course: <a href="http://healthandwelfare.idaho.gov/portals/_rainbow/TrngModules/IRCPmodule/">http://healthandwelfare.idaho.gov/portals/_rainbow/TrngModules/IRCPmodule/</a> IL NC SC NJ	2019 08	Industrial
North Carolina asked what training was required for the use of global marine device (MK3).	Training for industrial applications varies between the states. The bare minimum is training in the use of the specific model being used.	2019 09	Industrial
XRF golden types training? Type of x-ray unit used by bomb squads or in forensics.	ID has a basic radiation safety class online + unit specific WI – unit specific by machine manufacturer NH can accept FBI training for bomb squad, accepts manufacturers training for others and safety refreshers, TLDs etc. They also test these with ion chamber in integrated mode.	2020 02	Industrial
Do other states survey Thermo Niton units?	Yes – NH, ID, NC surveys during use with a Fluke 451, HI does the same and looks at paperwork, ie training records, AZ checks to see if the proximity sensor turned on or off CA just looks at documentation.	2020 02	Industrial, Machine Testing
Industrial vs cabinet – what is considered the transition to heavy dose monitoring	CA uses FDA approval (CFR 1020.40) based on type and size of part that can fit in there AZ, IL, TX, HI and WA have enclosed and open beam and analytical vs. radiography NC follows ANSI standards ID only regulates industrial as having a radiation producing device.	2020 02	Industrial, Dosimetry
Which states require industrial radiography certification? Do they specifically require certification for those individuals that operate open radiography units that are used only in an enclosed shielded room with interlocked doors, various notification alarms and an operator's booth that is outside of the "room"?	Yes- AL (room is considered a shooting room), FL No – ID, CA (unless performing field radiography), NH (if they are certified or certifiable definition), MN, FL (has training requirement for industrial cabinet).	2021 04	Industrial, Shielding
NC wants to what states are requiring for handheld industrial fluoroscopy.	NC, FL, AL has a couple handheld fluoro in their state under industrial radiography regulations.	2021 04	Hand Held Devices, Industrial
NH would like to know who has guides for industrial unit radiography.	Iowa was kind enough to share theirs and I have attached New Hampshire's as well.	2022 01	Industrial
Can you add to the next phone call about the XRF devices? How are others regulating those and what fees if any are being placed on those? And if they have dual sources as sealed source and x-ray, are they required to register with state or just the NRC under general license conditions.	FL, TX, WI (dental vs non dental) Consider these industrial units, if they have a dual energy source, each source has to be licensed/registered, they treat them as open beam analytical because the dose is so low. NC is similar (nonhealing arts) NH analytical like industrial dual source will look into sealed source device directory. If it is source based must be licensed. AK under industrial but trying to see if they need to be licensed with NRC. SC registers as analytical equipment and register/license both. For the fees, XRF devices are charged \$99.75 per year. KS requires all devices containing x-tubes, including XRF devices with an x-ray tube, to register with the state. The annual fee is per x-ray tube. Historically, PA has had handheld units apply for an exemption to interlock safety requirements... our regulations on non-medical units are currently being rehailed and I'm not sure how we will handle this in the future. Training, surveys, operating procedures, radiation safety programs, labels, dosimetry have been reviewed during inspections.	2023 04	Industrial
The State of Arkansas is evaluating the potential use of the NITON XL3t 600 Analyzer within the state. This is a portable XRF device is without a safety device that would prevent entry of an extremity into the primary beam. Many states have regulations that require this safety device. QUESTION: What states have granted an exemption or "variance letters" for the NITON XL3t 600 Analyzer where a safety device would not be required?	FL is it like other the devices where it must be pushed against something to pull the trigger (proximity sensor)? NH were made aware that Thermo allows the proximity sensor to be disengaged so they watch them use it and look at training procedures and policies. AK doesn't require the safety device, just requires dead man switch. PA has seen them at pawn shops and the proximity sensor was disabled with a piece of foil. One owner held up a piece of jewelry in one hand operated unit with the other. AR "what is to say its not a body part pushing on proximity sensor?" However, not all models have proximity sensors. NC has regulations that address bypassing the safety device. Pawn shops are required to use a test stand. Does Thermo say it meets therequirements for the safety device? FL assumes people are trained to use it properly and the facility has SOP requirements. The specification page from manufacturer states it's password protected as well as locking shielded carrying case and belt holster. AK - has the condition in regulations that the device operator must attest to operational conditions of the device. Must document the operator is trained in proper use of device. Only to be used on objects, no human or animal use. No dosimetry required as no part of operator should be in the beam of the device. Has anyone seen stands or back scatter devices backscatter shields that would prevent someone from putting their hand in the beam? Some do come with stands. PA has seen stands and shielded sample enclosures. I think usage would depend on what they're analyzing. Metal beams and misshapen larger materials may not fit or be able to be analyzed in such configurations. If the HHXRF is connected to the test stand it has a sensor that terminates the exposure if opened. Test stands are used in lab settings. What about required dosimetry? FL - No when used appropriately they shouldn't need it. WI - not if using safety devices, ring badge if not.	2023 04	Industrial, Dosimetry, Shielding
Can you add to the next phone call about the XRF devices? How are others regulating those and what fees if any are being placed on those? And if they have dual sources as sealed source and x-ray, are they required to register with state or just the NRC under general license conditions.	FL, TX, WI (dental vs non dental) Consider these industrial units, if they have a dual energy source, each source has to be licensed/registered, they treat them as open beam analytical because the dose is so low. NC is similar (nonhealing arts) NH analytical like industrial dual source will look into sealed source device directory. If it is source based must be licensed. AK under industrial but trying to see if they need to be licensed with NRC. SC registers as analytical equipment and register/license both. For the fees, XRF devices are charged \$99.75 per year. KS requires all devices containing x-tubes, including XRF devices with an x-ray tube, to register with the state. The annual fee is per x-ray tube. Historically, PA has had handheld units apply for an exemption to interlock safety requirements... our regulations on non-medical units are currently being rehailed and I'm not sure how we will handle this in the future. Training, surveys, operating procedures, radiation safety programs, labels, dosimetry have been reviewed during inspections.	2023 04	Industrial
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Topic	State Responses	Meeting Date	Cross Reference
When conducting inspections of large hospitals do you review the physicist reports for ALL equipment? If not, how do you determine what to look at? Several of our larger facilities have over a hundred pieces of equipment.	Texas – requires that all EPE's are reviewed, dates documented and submitted as part of their reports. Texas has 22,000 sites, so it is not feasible to test all devices. North Carolina – follows suit with Texas. Wisconsin – still tests all machines and they review all physicist reports. Hawaii – Tests some devices and reviews the EPE's. Florida – 11 tubes or more, they test all 11 devices and then they spot-check the devices by reviewing the physicist reports (confirm date is within the last year), if it hasn't been done withing one year, then Florida requires that all devices be tested. AAPM – Provides all report data for the site, so they can share that information with the inspector.	2024 04	Inspecting

Topic	State Responses	Meeting Date	Cross Reference
Has anyone dealt with Indian tribes where they claim federal exemption then say they are following the state rules and the rules don't match up? As per credentials for technicians. AK has facilities claiming federal exemption but then want to say they are going by state rules. Is there a federal ruling that says which rules they must follow.	MN deals with VA clinics and Indian Health Services doing this. Most states are not allowed to register or inspect federal facilities What rules states that a federal facility is exempt from state rules. NC has a document that defines Indian Health Services vs Tribal Health Services (see attached document). THS not federal so should be under state regulations but they won't let the state come in. Is military exempt from MQSA? Jennifer stated that the VA voluntarily follows MQSA regulations.	2020 03	Jurisdiction
a. For those states who register vendors/service providers; do they also register companies who only offer disposal (such as e-waste recyclers, junk dealers, scrappers, etc.)  b. Do other states restrict who can dispose of x-ray equipment, or how x-ray equipment can be disposed of?	a. Yes – NC registers if they have their own x-ray equipment No – WA, SC, ID, FL, AZ, UT, NJ Most states just use some type of disposal form or other written correspondence when equipment is disposed of. ID requires a change of information form to remove it from their license.  b. NE department of environment and energy handles x-ray unit disposals. NJ has them make sure it is disconnected and contact municipality. If the unit is older than 1980 makes sure the old oil is gone	2021 01	Registration, Disposal, Jurisdiction
Does anybody do dental inspections on military bases?	NE does for National Guard units, so does NJ. WI has contractor who contracts with military that tests Nomads for all military bases.	2023 06	Dental, Jurisdiction

Topic	State Responses	Meeting Date	Cross Reference
The differences between the Unfors DXR+ ( <a href="https://www.raysafe.com/products/xray-test-equipment/raysafe-dxr">https://www.raysafe.com/products/xray-test-equipment/raysafe-dxr</a> ) and the Visi-X ( <a href="https://rtigroup.com/products/productdetail/visi-x">https://rtigroup.com/products/productdetail/visi-x</a> ) collimator test tools were discussed. Most states prefer the DXR because of cost, size and ease of use. The Visi-X comes in a large carrycase, high exposure needed and requires almost total darkness to see the fluorescence.		2019 10	Machine Testing
What are the states using to determine location of the focal spot to determine SID? The FDA's routine compliance testing for above table x-ray source for radiographic systems, dated 04/1/2000 states 1/4 the way up the housing end cap from the x-ray beam exit side. Some inspectors and physicists use 1/3 the way up the housing end cap from the x-ray beam exit side.	Many of the states use 1/3 of the way up. MN, NC, HI use 1/4 the way up as per the FDA's routine compliance testing protocol. It was agreed that the most important aspect is consistency.	2019 12	Machine Testing
NH wanted to know if some states have lower HVL regulations for veterinary equipment.	HI, TX, WA, WI and KS has different requirements for testing vet equip does, 2.3 mm @ 80 kVp MN, ID holds to same standards.	2020 01	Machine Testing, Veterinary
Do other states have entrance exposure limits for radiographic exams using digital imaging systems if not, what are their policies for patient exposure limits, if any?	NO - NH, WI, HI, AZ, ID, CA, WA asks that digital stay below 500/800 AP lumbar, AEC record post mAs. YES - TX limit is same if film/screen or digital chest is 30 mR (old NEXT survey), SC, OH, PA, NC,	2020 02	Digital Imaging, Medical, Machine Testing
What test tools do others use to check fluoroscopy collimation?	No testing AZ, CA, NC, Unfors DXR ruler - WA C-Arm only Glow Screen - WI on C-Arm only Slide Assembly Grid - ID	2020 02	Fluoroscopy, Machine Testing
When testing the older diagnostics x-ray machines with digital imaging plates, do other states notice problems with reproducibility since the older machines have harder times being set at lower time settings? HI notices this especially in the dental diagnostic x-ray testing especially on Gendex 770 units. The machines are not accurate at lower time setting since they were not built that way. E.g. setting at 3-6 pulses or a time setting at .1 seconds or less.	WA will check it at 44 pulses as set by FDA. They do not have a lot of failures at the higher setting. AZ doesn't test reproducibility. The manufacturer of their meter doesn't guarantee accuracy under .02 sec TX only tests ESE at office settings, test kVp accuracy and repro at higher settings IL, ID haven't noticed any problems MN and NC follow NEXT CA only test for film and make recommendations based on NEXT	2020 02	Medical, Machine Testing, Digital Imaging
Do other states survey Thermo Niton units?	Yes - NH, ID, NC surveys during use with a Fluke 451, HI does the same and looks at paperwork, ie training records, AZ checks to see if the proximity sensor turned on or off CA just looks at documentation.	2020 02	Industrial, Machine Testing
Have other states received requests from equipment manufacturers for waivers from physicist testing, for emergency equipment being supplied by the manufacturers, prior to use? And, have there been any other technical issues resulting from the COVID-19 outbreak?	Jennifer Elee is on a committee that is putting together guidance for this. PA hasn't gotten any requests put does have a form on the website. CA has a blanket waiver for 2 months after MN is going to the governor's office to get some sort of approval. NE does a case by case basis. NC is requiring documentation and will check it during inspections.	2020 04	Machine Testing, COVID
AAPM is sending a letter today (3/24/2020) to Ruth McBurney asking for distribution to the States about requesting an exemption to some of the state mandated calendar intervals for physics testing and calibrations due to the inability of many physicists not getting access to the equipment in the normal timely manner due to the Corona Virus.	There is a document regarding this issue in the works for this document. Mary Ann has submitted the paperwork.	2020 04	COVID, Machine Testing
How do states handle medical physicist assistants? Regarding both radiology and therapy, Kathleen was asked to see if any states have regulations on medical physicist assistants.	NJ, TX does have regulations regarding MPAs. Link to the Texas Licensed Medical Physicists Rules: <a href="https://statutes.capitol.texas.gov/Docs/OC/pdf/OC.602.pdf">https://statutes.capitol.texas.gov/Docs/OC/pdf/OC.602.pdf</a> ; The section about assistants can be found here: <a href="https://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&amp;app=9&amp;p_dir=&amp;p_rloc=&amp;p_ploc=&amp;p_pg=1&amp;p_tac=&amp;ti=22&amp;pr=9&amp;ch=160&amp;ri=17">https://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&amp;app=9&amp;p_dir=&amp;p_rloc=&amp;p_ploc=&amp;p_pg=1&amp;p_tac=&amp;ti=22&amp;pr=9&amp;ch=160&amp;ri=17</a> NE, WI, regulations say it has to be a physicist HI - regulations say "All surveys, audits, reports, and other work performed by a health physics service or medical physics service for licensed facilities shall be reviewed and signed by a qualified health physicist or a qualified medical physicist, respectively." NO - ID, ME (allows for survey technicians), MN has regulations in the works that state an MPA will have to be supervised and have an attestation from a physicist.	2020 05	Machine Testing
SC has a couple of questions: For states that have minimum requirements for physics testing for different equipment types (i.e., radiographic, fluoroscopic, dental, etc.), do you have minimum requirements for CBCT or Dental CT units? If so, what are the requirements?	ID - follow the CRCPD 55Rs AZ - amended their rules to just have their physics survey required after installation. HI - initial testing and biannually thereafter WI- Manufacturer's recommendations PA requires performance evaluation within 30 days after install and no more than 14 months apart after and after any changes in major components. Any specific tests required? PA requires the tests are what is required by the physicist except for collimation since there are no national standards.	2020 07	CBCT, Dental, Machine Testing
Arkansas is needing to purchase new x-ray testing equipment. What test equipment is other states using and have they been pleased with the equipment performance and dealing with the manufacturer when it comes to calibrations and repairs?	ID, NC, WI, NH uses RTI, Piranha Red or Black. The Piranhas can have problems with HVL accuracy. HI has some Piranhas but prefers the new RadCal Unit, CA has RadCal AccuGold and AccuPro and has purchased the Cobia. The Accu-Gold is preferred by both states. PA - has been using the Radcal AccuGold for more than eight years. It has been very reliable except for user issues such as an inspector dropping the detector onto the floor due to the attached cable i.e. off of a dental counter top or from a pan image receptor onto the floor (tape failure). Calibrations take a month due to shipping and turn-around. The Radcal people have been great to deal with and always return e-mails. We are in the beginning phase of looking into replacing the units due to the age. TX uses Unfors X2 Melissa uses the RadCal Accu-Gold and appreciates the portability and ease of interaction with Excel. For collimation NH uses XR plus by Raysafe. Idaho uses RTI's Visi-X but it isn't the best. You need almost complete darkness to use it. None of the states on the call uses the Fluke solo unit	2020 08	Machine Testing
New Hampshire updated their HVL table in 2015 to match the SSRCR, and the FDA's HVL table from 2006 (all non-intraoral machines made after 2006 must have minimum 2.9 mm Al at 80 kVp). Our update also applied to veterinary, whereas the FDA's did not; so now we're bumping into machines made between 2006 and 2015, which meet the standard we had until 2015, but don't meet the current standard. How have other states that raised their veterinary HVL standards to the current SSRCR dealt with that?	There was no feedback regarding this issue from other states. New Hampshire states in a basic review it appeared approx. half the states have different requirements for veterinary versus human use diagnostic regarding HVL, but they have the same for both, and are reaching out to see what the requirements are in other states.	2020 11	Machine Testing
Bill Wisconsin reached out—could a physicist come up with tests that are standardized across manufacturers for his/her regular clients.	Melissa questioned the phantom that would be used for different manufacturers. CRCPD is hoping to have physicists get some standardized QA/QC guidance out.	2020 11	Machine Testing
Are there any states that maintain a database of the ESEs and if so what types of exams are maintained (dental, medical could include chest, KUB, foot, lumbar, cervical, fluoro, CT)? Are these measurements obtained from state inspector reports and/or medical physicist measurements?	NH has a database on dental x-rays base on machine setting in office or machine presets. PA has CT and spine exposure data that they compare to previous inspections. UT collects data from several different types of exams	2020 12	Machine Testing
Do any states have reproducibility requirements for dental I/Os that are different from a coefficient of variation of 0.05 across a series of exposures, or that are conditioned on other criteria? NH is asking because they have regulations that addresses the power source the unit is hooked up to.	ID, FL and most of the states use coefficient of variation VA, WI allows up to 10% variation	2021 04	Dental, Machine Testing
Do other states practice 'spot testing' during inspections? Meaning, if a facility has a multiple of the same make and model x-ray machine, does the inspector test each unit or just one of each unique model? And if the latter, what is the maximum number of identical models that one test is sufficient for? ie. if a facility (say dental school) has 30 of the same intraoral unit, how many would be tested?	All WI, FL, AL, NH, NC, VT, HI (oldest or most problematic are the priority) WA all if possible or at least 50% CA requires minimum 10% be tested NE requires physicist testing every 5 years.	2021 05	Machine Testing
What do other states require for the dose evaluation aspect of a CBCT (Cone Beam CT) unit evaluation? Currently, our rules require the physicist to evaluate via CTDI (CT Dose Index), but that is not always possible. Many of our physicists are presenting arguments supporting DAP (Dose Area Product) as a viable option. I'm trying to collect data/information to support or reject this proposal during the next time our rules open for amendment. As a continuation for question two, do other states identify a list of QA/QC tests that must be performed for CT and/or CBCT? Or are those left up to the discretion of the physicist?	Melissa said most CBCT units are tested for accreditation. Tests required are those that are required by IAC. States should use these tests as a recommendation NC does have rules regarding manufacture recommendation, performance in rule for CT, CBCT requires cfr 1020.33 CT units/parts CBCT for various items to be tested. For CBCT Ken from PA requires annual physics testing but not dose evaluation Beam alignment 2% SID, edges and center when applicable. AAPM has a committee working on this. It was felt that there should be no problem getting CTDI and that DAP wouldn't be as accurate.	2021 05	CBCT, Machine Testing
When testing dental machine timer compliance, do you take manufacturer's preheat specifications into consideration? If so, how do you determine compliance factoring in the pre-heat? What kind of meter do you use?	NH does take it into account and uses the Piranha and uses the wave forms to screen out the preheat. AL and CA use Radcal and Unfors and can look at the waveform and the preheat will be removed after the first exposure. HI uses Piranha so can remove the pre-heat waveforms. CA uses Diquad for screening on all intraoral units.	2021 07	Dental, Machine Testing
Arkansas is interested to see if any other state programs have had experience with the Raysafe 452 Radiation Survey Meter. Can we please review what everyone is using?	AL uses them and feel they are better than RadCal meters. They can set them up on a tripod as well. NH uses Ludlum but sometimes has an issue of a high range is detected and the unit needs to reset. They are phasing out 451R NJ uses Raysafe ID uses Fluke 451BCA HI uses 451P NC uses 452	2021 07	Machine Testing



Recent updates to PA regulations require annual CBCT evaluations of beam alignment; "Beam alignment. The X-ray field in the plane of the image receptor may not exceed beyond the edge of the image receptor by more than 2% of the SID, when the axis of the X-ray beam is perpendicular to the plane of the image receptor. In addition, the center of the X-ray field must be aligned with the center of the image receptor to within 2% of the SID." A lot of the CBCT reports I've reviewed have typical output measurements (kV, COV, ESEs, etc.) but many do not include an evaluation of beam alignment. In fact, some physicists have called and asked how they are expected to test it/satisfy that line item in the regulations. I am curious if other states have a similar requirement and what they have seen and accepted (Pass/Fail evaluations, percent error measurements, screen shots, etc.)?	NO - UT, ID, FL, MN, WA, AL, WI manufacturers' suggested requirements CA, HI - manufacturers' suggested requirements + scatter CA states most issues they see are with phantoms because the facilities don't know about the phantoms. The FDA does require the manufacturers provide a phantom and the FDA will go after them. Phantoms are always available but if they aren't part of the purchase price, the registrants often don't purchase them. Per HI: They have a physicist group that does testing for the CBCT unit. This is how the physicist does the performance test: "Field Size A sheet of gafchromic film is placed on the surface of the image receptor, and an exposure is made. The size of the xray field is measured on the film and compared with the scanner specifications. The specified size of the image receptor is 147 x 112 mm. X-ray field/Image Receptor Alignment: The x-ray field must be properly aligned with the image receptor, and should not exceed the size of the image receptor by more than 2% of SID. Strips of gafchromic film were taped across each edge of the image receptor. Exposures were made until the edge of the x-ray field was clearly visible on the film. The distance from the edge of the x-ray field to	2021 08	CBCT, Machine Testing
NH just got Ray Safe DXR plus. What is the lowest exposure to get a reading?	Dave Hintenlang states that you will need to add something to the beam, i.e. a lead apron, to increase the beam strength. CA says it is hit and miss with fluoro.	2021 09	Machine Testing
PA inspectors utilize Accugold for their equipment surveys. Does anyone use IOS to connect this information to an iPad? Is anyone interested in doing this? PA inspectors are concerned with the connectivity with the iPads.	CA would be interested if they could get iPads. HI would be interested if they could use iPhones. AL has used iPhones. Nick sent a link: <a href="https://radcal.com/accu-goldios-beta-for-iphone-and-ipad/">https://radcal.com/accu-goldios-beta-for-iphone-and-ipad/</a> and to download RADCAL software to IOS: Download the Test Flight app and follow the instructions <a href="https://testflight.apple.com/join/einf3BQv">https://testflight.apple.com/join/einf3BQv</a> WI, AK and WA use Piranhas with tablets. ID uses Piranhas with laptops.	2022 02	Machine Testing
For those that use RTI and have the external dose probe, when do you use it?	HI, ID uses it for panoramic and chiropractic when the tube will only stay in the vertical position. Per NV - We just completed our meeting with RTI, and the following information is what we were given regarding the Piranha Multi: 1. For upright vertical bucky: the user can tape the external probe in place 2. For a dental panoramic machine: RTI has a panoramic strap holder that has a suction cup on back and rubber feet on bottom to help secure it in place. a. RTI have adapted holder to accommodate if the panoramic machine has a recessed or flush casing. ID has the panoramic strap, and it doesn't stay in place very well.	2022 10	Machine Testing

Topic	State Responses	Meeting Date	Cross Reference
Colorado asked if any states had a requirement for a provisional certificate for mammographers in training.	FL, HI, TX and WI require all students be supervised. The general consensus is a registered technologist may work on their own after the initial 25 supervised mammography exams. Several states, AZ, FL, HI, NE + more require a mammographer to sit for the ARRT mammography test.	2019 10	Mammography
PA would like to know what states, if any, are conducting MQSA inspections and if FDA MQSA inspectors are doing onsite inspections.	Onsite – ID, UT, FL, NJ, VT, AR, HI, NE, VA NO- WI, KS, AK CA – One county is doing MQSA SC will do onsite if they pass covid testing *Note- MQSA inspections MUST be onsite. There was a discussion about modifying FDA contracts for mammography. Not all states will need to do a modification. Many states are caught up on mammography while some are still not inspecting.	2021 02	COVID, Mammography
Does your state require a physicist to be registered in order to check a mammo workstation? They will not be performing any testing on mammo units.	WI doesn't register physicists at all Yes if registered – TX, IL, NH, IA, UT, CO Kate Hintenlang reminded everyone that FDA/MQSA regulations require a QMP to inspect mammo work stations.	2021 04	Mammography, Physicist
Does your state require (for mammography purposes) that out of state medical physicists providing services (physics evaluations) on remote out of state review work station monitors be registered in your state where the patient exam occurs? The physicist in the other state will need to do surveys and provide proper documentation.	FL doesn't require the out of state physicists to be licensed in their state. WA, CO, ID follow FDA protocols.	2021 05	Mammography
Which states test the output of mammography units themselves as part of their inspections?	YES – TX, NJ, AK, NV	2021 06	Mammography
TX is finding kVp failures on mammo inspections from recently calibrated Raysafe units.	Melissa says it is a well-known issue and the Raysafes will need to be sent in for calibration again.	2022 01	Mammography
Dave Allard from PA is wondering if other states have an issue with 'MQSA contract RFP turnaround time'? It hugely unfair to give states 30 days to complete the RFP. FDA should send the states a draft RFP at least 90 days before due date. That way they can start gathering all the fiscal info. I have to think most states take 30 days just to do the legal review and sign off. Perhaps we should provide others' feedback and experiences to Ruth and the Board, so they can discuss on a future Board call.	FL feels the same as they have had issues between their legal and FDA's legal. NJ feels the same. IL asked if the RFP had a conflict of interest in the contract, item 8 with attachments lobbying. PA was confused with the requirements to do federal facilities and didn't have anything to do with the actual contract. The RFP is very confusing. There was a Zoom meeting that took place after our call ended. The purpose was to clarify all these issues, but I am not sure that it helped much.	2022 05	Mammography
NJ wants to know about the FDA MQSA RFP decision: Any word on whether the FDA will do the background checks and fingerprinting? The FRP gave the states a 6–8-month timeline to complete this requirement.	There has been nothing official yet.	2022 07	Mammography
Alabama asked if anyone has seen the Koning CBCT unit for breast imaging. To replace U/S or MRI. There is a registrant in Alabama that is about to have the Koning 3D KBCT unit installed. Has anyone else seen one of these? <a href="https://www.koninghealth.com/product-solutions/koning-breast-ct">https://www.koninghealth.com/product-solutions/koning-breast-ct</a> There are 4 in the country with 1 coming to Alabama in the next couple of months.	This will be a great topic to bring up in the next mammo meeting to be held in January and CRCPD training next year. If you would like to be added to the invite list for the mammo calls, please contact Regina at <a href="mailto:Regina.kissinger@dhhs.nc.gov">Regina.kissinger@dhhs.nc.gov</a>	2022 11	Mammography
A mobile mammography company from out of state has requested Arkansas reciprocity. They are happy to host them, but they do not currently have a procedure for Out of State Mobile Mammography. Does anyone have a procedure in place? If so, would you share it?	PA has a regulation where units can come in on a temporary basis for no more than 60 days. WI and SC it is 30 days and techs and physicians must be licensed. FL they have to be registered at day 1. CA must meet all the requirements for CA. In ID they can be in the state for 180 days without having to be licensed. Mammography defers to MQSA so they have to meet all MQSA regulations. AL needs a 2-day notice. They must be registered and have a shielding plan approved. NE basically follows what they have their Rad Mat reciprocities do. See their Website: <a href="https://dhhs.ne.gov/Pages/Radiation-Control-Reciprocity.aspx">https://dhhs.ne.gov/Pages/Radiation-Control-Reciprocity.aspx</a> TX Texas no longer recognizes reciprocity for mammography facilities - it was too hard keeping up with them coming & going. They also require the techs and practitioners to be licensed in TX. Kansas allows reciprocity if the unit is in Kansas for less than 30 days.	2022 12	Mammography
PA is wondering if anyone with an MQSA inspection has a form for all previous invoice submissions and payments from the FDA.	WI uses a spreadsheet. ID also sends a portion of their spreadsheet.	2022 12	Mammography
Will FDA plan on spending any time discussing the changes made at the MQSA training at the CRCPD conference?	They will be talking about it, but it is unsure how detailed it will be. Kate and Lisa were at the AAPM Spring Clinical Meeting and will include the recommendations in the MQSA training. NC would like some information on state vs federal rules on density. Generally, when there is a difference between state and federal requirements, they go with the more stringent. AAPM had good talk about it at their spring clinical conference: from Kathleen M Hintenlang PhD to everyone: 4:15 – 5:15 pm FDA Update: Amendments to MQSA Regulations David L. Lerner, MD, Medical Officer, FDA Div. of Mammography Quality Standards	2023 04	Mammography
From Texas - We have a facility in Texas that is wishing to image breast specimens with a C-arm to confirm margins. Although Texas DSHS has no regulation prohibiting this as long as the operator is properly credentialed and it is not for Mammography use, we were wondering if any other states have heard about this and what their response to the situation was. Emails about specimen imaging: Lisa, and Michelle had unique question about specimen imaging. A facility wants to know if they can use a C-arm to image specimens. I don't see an issue with this as long as the operator meets the TMB requirements, an RT, and that their exposure is monitored by dosimetry. Is there anything that we should be concerned about other than it's weird? I'm not sure this would be considered a good practice for patient care. The techniques used on a dedicated mammography unit and those of a C-arm are very different. If you are using imaging techniques to confirm the excised tissue contains all of the anatomy of concern, there is a very good chance that it would be completely missed by using a c-arm, especially very fine calcifications. I realize all tissue samples are later sent to pathology, but the point of imaging the specimen during the procedure is to ensure the entire area of concern has been excised. We may not have anything in the regulations that would prohibit this, but I don't think we can approve it. I would encourage them to have a conversation with their mammography physicist. Are they referring to using a C-arm for intraoperative breast specimen assessment? If their aim is to help confirm margins and removal of targeted lesions using x-rays, standard specimen mammography (SSM) or intraoperative specimen mammography (ISM) seem to be the only appropriate options. Do you know if they were proposing to use the C-arm for a gross analysis to look for clips or markers and then perform specimen mammography to confirm? What are the margin assessment methods approved by the FDA for breast-conserving surgery? Is it possible that the FDA contraindicates use of C-arms for "evaluating" resected breast tissue?	ID has not heard of this practice. WI is concerned about adequate detail and proper technique for tissue being imaged which is what TX told them.	2023 11	Mammography

Topic	State Responses	Meeting Date	Cross Reference
New Hampshire asked for opinions on a 1991 Continental xray/ fluoroscopic unit. It can be used as a conventional x-ray unit , or in a fluoroscopic mode (after folding up the cassette holder). The 1991 Continental x-ray/fluoroscopic unit is a very old 19 machine. Goff Lau mentioned that he did not inspect this unit, but his predecessors did. The inspector told him that the unit is a radiographic/fluoroscopic (R/F) unit. If we are talking about the same Continental x-ray/fluoroscopic unit as New Hampshire, the FDA had a recall on it. The machine also had an interlocking mechanism that you need to lower the fixed metal diaphragm in order to collimate the fluoroscopic x-ray beam to the size of the image intensifier. If you use fluoroscopy without the fixed metal diaphragm in the x-ray beam, it would cause the x-ray field to be larger than the image intensifier. Some inspectors call this "blow through" radiation." This machine interlocking mechanism would be faulty at times and let you fluoroscopic with or without diaphragm in the x-ray beam. Therefore, the Continental x-ray had an FDA recall.		2019 10	Medical, Fluoroscopy, FDA
There was also a conversation about digital motion x-ray (DMX). The DMX is a c-arm type fluoroscopic x-ray unit. The patient and the operator are in the same room separated by a leaded barrier. Hawaii tested the machine like a fluoroscopic unit. The chiropractor who used it wanted the fluoroscopic unit because he wanted to see the patient's range of motion in the neck region. We required the facility to get an area radiation survey to determine if the operator position was safe. Area survey was done, and it was determined that the operator position was safe behind the leaded barrier. This might not be a good representation of an area radiation survey for this fluoroscopic unit since the facility did not use the machine so much.		2019 10	Medical, Fluoroscopy, Dosimetry, Shielding
Do other states have entrance exposure limits for radiographic exams using digital imaging systems if not, what are their policies for patient exposure limits, if any?	NO - NH, WI, HI, AZ, ID, CA, WA asks that digital stay below 500/800 AP lumbar, AEC record post mAs. YES - TX limit is same if film/screen or digital chest is 30 mR (old NEXT survey), SC, OH, PA, NC,	2020 02	Digital Imaging, Medical, Machine Testing
When testing the older diagnostics x-ray machines with digital imaging plates, do other states notice problems with reproducibility since the older machines have harder times being set at lower time settings? HI notices this especially in the dental diagnostic x-ray testing especially on Genex 770 units. The machines are not accurate at lower time setting since they were not built that way. E.g. setting at 3-6 pulses or a time setting at .1 seconds or less.	WA will check it at 44 pulses as set by FDA. They do not have a lot of failures at the higher setting. AZ doesn't test reproducibility. The manufacturer of their meter doesn't guarantee accuracy under .02 sec TX only tests ESE at office settings, test kVp accuracy and repro at higher settings IL, ID haven't noticed any problems MN and NC follow NEXT CA only test for film and make recommendations based on NEXT	2020 02	Medical, Machine Testing, Digital Imaging
EOS Imaging system (whole body low dose 3D imaging at childrens' hospitals) who has it, how is it regulated and inspected. Also used in coroners' offices	a.NC, CA has no standards except for general requirements, however they have noticed operators are very well trained. b.EA does require registered technologists, nothing specific to this unit. c.Generally treated like a regular x-ray unit. d.It is possible to do AP and lateral views on these units, but they are generally very low dose.	2020 03	Medical
Lisa from CA has a request from Dexowin to do chest x-rays with a handheld unit. They have filed an extension with FDA for approval.	MN has talked about them. Most states have said no because it hasn't been approved by the FDA.	2020 04	Hand Held Devices, FDA, Medical
New Hampshire asked for opinions on a 1991 Continental xray/ fluoroscopic unit. It can be used as a conventional x-ray unit , or in a fluoroscopic mode (after folding up the cassette holder). The 1991 Continental x-ray/fluoroscopic unit is a very old 19 machine. Goff Lau mentioned that he did not inspect this unit, but his predecessors did. The inspector told him that the unit is a radiographic/fluoroscopic (R/F) unit. If we are talking about the same Continental x-ray/fluoroscopic unit as New Hampshire, the FDA had a recall on it. The machine also had an interlocking mechanism that you need to lower the fixed metal diaphragm in order to collimate the fluoroscopic x-ray beam to the size of the image intensifier. If you use fluoroscopy without the fixed metal diaphragm in the x-ray beam, it would cause the x-ray field to be larger than the image intensifier. Some inspectors call this "blow through" radiation." This machine interlocking mechanism would be faulty at times and let you fluoroscopic with or without diaphragm in the x-ray beam. Therefore, the Continental x-ray had an FDA recall.		2019 10	Medical, Fluoroscopy, FDA
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Lisa from CA has a request from Dexowin to do chest x-rays with a handheld unit. They have filed an extension with FDA for approval.	MN has talked about them. Most states have said no because it hasn't been approved by the FDA.	2020 04	Hand Held Devices, FDA, Medical
Has any state seen the AIRTouch Handheld Portable Unit that has received FDA approval? It is being introduced as a quick way to perform chest x-rays during the COVID-19 virus. From the Medgadget web site: Aspenstate announced that it has received FDA clearance for the AIRTouch, a lightweight portable X-ray system that could be particularly useful for quickly obtaining chest X-rays of COVID-19 patients. The handheld device weighs in at 5.5 pounds (2.5 Kg) and resembles a large digital camera with a touchscreen. AIRTouch acquires images with the push of a button and can wirelessly transmit them to PACS (clinical image storage system), without the need for a computer. Its battery charges within two hours and can capture up to 300 exposures per charge. Its portability has already made it useful in drive-through screening centers in South Korea, according to the company. Here is a link to a YouTube video of this unit: <a href="https://youtu.be/HlidUT12xug">https://youtu.be/HlidUT12xug</a>	NO - WI, CA, NV, IL, HI, FL, NJ, ID, PA YES - TX had a similar unit and they did not approve it for CXR. Melissa hasn't seen or heard of it. She hasn't seen anything mentioned in any of the physicist groups she follows.	2020 06	Hand Held Devices, Medical, FDA
There is a new option from Konica for cineradiography in lieu of fluoroscopy. How is that being viewed by the different states? Does anyone have any measured data on these units?	Most of the states have seen this yet. The general consensus is that hopefully it will be lower than the old cineangiography since it is a DR unit.	2021 11	Fluoroscopy, Medical, Digital Imaging
Lisa from TX got call about a J Morita CBCT unit that does a bone density scan then a CBCT. It doesn't show any technical factors before doing the CBCT.	Kenny has seen units that do a scout image beforehand. He is not sure what the scout image is for. The unit usually needs to be put in service mode to measure the CBCT scan without doing a scout image.	2022 03	CBCT, Medical
IL has had calls regarding people wanting to use hand held units for extremity work. Has anyone has one of these registered in the state?	CA has seen in mortuary and coroner offices. SC has a handheld unit they are currently reviewing. CA & HI would ask for an exemption & require the use of shielding and dosimetry. They don't have regulations on patient dose. TX would require a scatter shield and an SID chart to make sure dose is acceptable that is signed off by physicist. Some of these units are marketed to podiatrists. CO looked at something similar. You can email me or call katherine.liberman@state.co.us...ours was also OXOS. The OXOS system has an imaging plate that basically won't work unless it has all the proper parameters. It is only for extremity use. These units generally do not have enough power to perform any exams except extremity work. PA only allows X-ray units to be handheld if they are specifically designed to be. Operators would be required to be donned with 0.25 mm Pb equivalent shielding and must show that they are not at risk of hitting 500 mrem occupational dose per year if not badged. We have a regulation addressing image quality, but it is not specifically defined. CA would require monitoring for fluoro for anyone who could be exposed to 5mR/hr so nearly all fluoro but not some mini c-arms.	2022 04	Hand Held Devices, Medical

KS has also been running into facilities that have x-ray machines installed that are not capable of reaching a 72" SID. The company that does most of the installation says Kansas is the only state that requires a 72" SID capability, and I wondered if that were true.	None of the other states on the call have a requirement stating the machine must be able to reach a 72" SID. TX doesn't have a requirement for specific SID but what SID is used must be accurately indicated. Bill from WI stated that is the doctor is willing to read an exam performed at the incorrect SID, it is his professional opinion that it is acceptable. For NC from the inspection standpoint a 72" SID is the standard protocol, so they could be cited for that. In CA, if the unit won't go to 72", the exam will need to be performed elsewhere. Per TX Can you refer them to their appropriate state board? We would struggle with authority with this crossing over into the practice of medicine. AK only has regulations pertaining to minimum SID during fluoroscopic procedures.	2022 10	Medical
Lisa from TX got call about a J Morita CBCT unit that does a bone density scan then a CBCT. It doesn't show any technical factors before doing the CBCT.	Kenny has seen units that do a scout image beforehand. He is not sure what the scout image is for. The unit usually needs to be put in service mode to measure the CBCT scan without doing a scout image.	2023 03	CBCT, Medical
NE has come across CT's that the FDA lists as bone densitometers.	No one else has heard of these, although AK has seen podiatry units similar to the one described that do this procedure on feet. These appear to look like mini CT's that patients put their legs through for bone scans. One of NE universities uses one for research, but want to use it clinically.	2023 06	CT, Medical, Podiatry
From Illinois - I was just wondering if any other states have started to see this piece of equipment. Here is the link <a href="https://turnerxray.com/sports-medicine/">https://turnerxray.com/sports-medicine/</a> . I wondered how other states are handling it. We have seen one in a podiatrist office and a surgery facility.	No TX, ID, PA would probably treat it as a mini fluoroscope and require annual physicist survey. NC has had inquiries but hasn't seen them yet. They would treat it as a mini fluoroscope and cannot be handheld Additional questions: What are the indications for use? What happens when the batteries get low? How does the sales guy demonstrate it with no phantom? It has seen them in surgery centers and podiatrist offices. Regina from NC is going to do some investigation on this and report back next month. There is also concern on tube output when the batteries get low.	2023 11	Hand Held Device, Medical, Fluoroscopy
From Arkansas - Adaptix Limited's x-ray system design does not incorporate a dead switch. Do you-all have ANY insight as to how your organizations may have addressed the fact that a dead man switch is not part of their x-ray system design?	It would not be authorized in TX if it did not have a means to terminate the exposure.	2023 11	Medical, Dental, Veterinary
New York - Application received for an X-ray unit called NANOX.ARC - Gives the impression that it may be a tomography unit. However, its principle of operation, the applicable QC tests, and its functionality resembles more like an ordinary plain radiographic unit. We would like to find out if there is already some experience in reviewing a permit application for this device, and what requirements were applied in regulating its use?	Florida, we have not seen one of these units. We were approached by an investor in the company who had gotten information from the manufacturer, that they installed several in Florida, and other parts of the country, and they were going around looking to see where/who had them. He said it's basically a tomo unit, with five fixed tubes. It's one where we could actually test the tubes like you would on a standard radiographic. Or, individually as an option. But again, we haven't seen it, to make a final decision. We haven't had any 2579's, as of this meeting. Texas, we are not familiar with this device and have not seen one, as of yet.	2024 02	Medical

Topic	State Responses	Meeting Date	Cross Reference
Medical Physicist from Ohio was asking about the language for unintended deviation recording requirement and if it includes patient notification.	WI, ID lumps everything into misadministration	2020 01	Medical Events
From Colorado - I am curious if states issue a citation when a therapy facility reports a medical event. What does your state do in these cases?	NC will conduct an unannounced investigation and issue noncompliance if necessary. WI, IL, IA (RAMS program handles) will also do an investigation. Has anyone thought of adjusting verbiage for SBRT and SRS? This has been discussed in SSR Part X working group but hasn't been changed. TX has had experience with it. If you have questions, get in touch with Lisa Bruedigian. PA definition (25 PA 219.3): Medical reportable event for radiation-producing machine therapy—The administration to a human being, except for an administration resulting from a direct intervention of a patient that could not have been reasonably prevented by the licensee or registrant, that results in one of the following: (i) An administration of a therapeutic radiation dose to the wrong individual, wrong treatment site or using a treatment delivery intended for another individual. (ii) An administration of a dose for therapy identified in a written directive that differs from the prescribed dose for the treatment site or any other organ from the intended prescribed dose, by one of the following: (A) More than 20% of the total prescribed dose. (B) Exceeds 30% of the weekly prescribed dose. (C) Exceeds 50% of a single fraction dose of a multifraction plan. WI, AL is the same	2023 11	Therapy, Medical Events

Topic	State Responses	Meeting Date	Cross Reference
Any states running across CV techs run fluoroscopy.	Not supposed to CA, OH, FL, HI (tech can only move fluoroscope) Allowed MN, ID,	2020 01	Fluoroscopy, Operator
How are states handling nurse practitioners and physician assistant use of X-ray machines?	KS requires continuing education but also has a huge loophole AZ, HI, PA, MN, WI - NPs cannot operate x-ray machines period PA can if they have had training. CA allows PA to use fluoro if they are licensed and working under a licensed doctor, NPs are not allowed SC depends on the scope of practice and they must have unit training	2020 04	Operator
How are states handling non-certified personnel assisting operation of x-ray equipment during COVID, please? California requires technologists to be certified to operate x-ray, but I see a push to allow non-techs (nursing) to operate the equipment in hopes of reducing exposure of virus. California had this come up with Ebola and it will be back for this crisis.	NI had a proposal (from a neighboring state) to allow the nurse to place the imaging detector behind the patient for a chest x-ray but only a licensed RT can position for an exam. MN wants to have nurses set everything up and have the tech make the exposure, but they need approval to do so from the governor to do that so it is a legislative issue. NC is non-licensure, they had a request for the nurse to place the detector and tech take the x-ray through the window. Since there is no licensure law they can't prevent it.	2020 04	COVID, Operator
For those states that only allow RTTs (registered therapists) to run the linac for clinical care, is there a way to get some sort of emergency exemption or quick change to allow medical physicists to operate the machines if/when RTTs are not available, or if clinics must reduce the number of staff in the clinic at any given time?	Cindy Tomlinson mentioned that most physicists wouldn't be comfortable doing so as it is not within their scope of practice. Medical physicists, dosimetrists and radiation oncologists can standby to provide assistance to therapists, especially locums. CA governor put out order that people with expired permits or permits from out of state can be used.	2020 04	Operator, Therapy
SC Siemens engineers are working on remote control CT scanners where the tech doesn't have to be in the building to run the scanner. The engineers are saying that this is "global". NC has a dentist that controls a CBCT unit at different offices there is always someone who is trained for positioning and able to shut it off.		2020 04	CT, Operator
What type of operator requirements do states have surrounding Cath Labs. There seems to be a practice in these labs for RNs to be operating the fluoroscopy table and pedal under physician supervision.	IL, operator requirements -- they run into this all the time, and facilities are cited, so does AR, FL, SC and in HI. AR does have limited specialty license that limited techs can go through for certification. WI, under licensing, Dr. has authority under his license to have anyone he wants to step on the pedal under his direct supervision. CA, anyone can move, or manipulate equipment/pt. if beam isn't on.	2020 10	Fluoroscopy, Operator
How many states allow fluoroscopy-guided positioning (FGP) for radiographic imaging? A registrant has a fluoroscopic system without an overhead radiographic x-ray tube and wants the radiologic technologist to fluoro to position patients in order to obtain a scout and post-procedural images receptor during GI procedures using the fluoroscopic image. This positioning would be without a qualified practitioner present in the room. If anyone has literature on this topic, from AAPM, HPS, NCRP, Image Gently, or Image Wisely would be helpful.	NO - WI, SC, IA, ID adopted the CRCPD SSRs section F.5.m.ii prohibits this practice. FL allows tech to position the tube for a swallow study under fluoroscopy without a provider present. Per Kate, some states will allow an exemption if a tech is directly supervised by a provider, generally in the cath lab, not GI studies. Please see the attached list of ACR policies relating to technologist utilizing fluoroscopy.	2021 08	Fluoroscopy, Operator
What training does your state require to utilize radiographic equipment in a coroner office or morgue? In SC we have autopsy technicians utilizing x-ray equipment without any formal training.	ID is a non-licensure state so basically anyone can perform x-rays. We do require basic radiation safety training for everyone that is either in-house or they can do our on-line training: <a href="https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=11491&amp;dbid=0&amp;repo=PUBLIC-DOCUMENTS&amp;cr=1">https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=11491&amp;dbid=0&amp;repo=PUBLIC-DOCUMENTS&amp;cr=1</a> FL, NH, CA, HI (also SOP) in house training on machine and safety. Many states consider this industrial x-ray, so the training is in-house and/or manufacturers' recommended training.	2021 09	Operator
SC has a dermatologist that wants Xoft the operator in the room during superficial therapy treatments. Xoft has requested a variance.	WI would treat it as a variance Melissa says scatter survey and a workload evaluation should be done before a variance is granted. Melissa has not done a shielding calculation with anyone in the room. Keep in mind the salespeople always say everyone else has approved it. NH doesn't allow them in room but they only have electronic brachytherapy at this point. Sites can do a variance as long as they can prove it safe and it is up to the manufacturer to bring proof that it is safe. For brachytherapy in WI physicist has to be available. IL allows any licensed physician to operate a therapy unit. WA has seen a Xoft unit use a control panel in the room behind an acrylic shield.	2021 11	Therapy, Operator
CO is questioning the process where patients are positioned for CT by another person and someone else is exposing in another state (remote operation).	Dustin from ACR has had questions about this too. A huge concern is the equipment motion. Another concern is contrast administration. CA requires someone to be available for contrast reaction and also requires ARRT for the person operating the CT scanner. WI, IL, FL requires CT tech to be licensed their state. NI CT tech must be on site. Statement from ASRT: At the current moment remote scanning is not addressed in the 2021 ASRT Practice Standards document. However, during the 2021-2022 Practice Standards Council review cycle, the committee has made proposed revisions to the ASRT Practice Standards for Medical Imaging and Radiation Therapy that do address the utility and guidelines of remote scanning. The link above is accessible until December 13th at midnight mountain Standard Time. Our voting members will meet in June of 2022 to vote on the proposed changes in this document specifically, the guidelines in which remote scanning is to be utilized and the methods in which it is performed. An update version after our Annual House of Delegates and Governance Meeting will then be available in July on our website.	2021 12	CT, Operator
Does anyone (other than Alaska, Idaho, Alabama, North Carolina, South Dakota, and Missouri -- I believe these states don't require RT certification) allow individuals in podiatry offices to take x-rays without any state and/or national certification?	WI, PA, CO must be trained by the podiatry board via a course they offer. WI also has limited license regulations. NI, FL, MN requires limited license The Kansas Board of Healing Arts has an Unlicensed X-Ray Operator from that a physician can sign off on. The unlicensed xray operator has to complete 12 radiology CEU's annually. Title 49 PA Code § 29.82 provides: "[a] A person may, within the practice of podiatric medicine, perform radiologic procedures on the premises of a podiatrist and under the direct supervision of the podiatrist, if one of the following applies: (1) The person has passed an examination in radiology conducted by the American Society of Podiatric Medical Assistants or the American Registry of Radiologic Technologists... (2) The person has passed an examination approved by the State Boards of Medicine, Osteopathic Medicine or Chiropractic to apply ionizing radiation to human beings for diagnostic or therapeutic purposes. (3) The person has passed an examination approved and administered by the Board." VT requires podiatrists to have an additional Ionizing Radiation Privileges endorsement on their license, otherwise a licensed Rad Tech can take the x-rays. This is handled by the Secretary of State's Office. Alaska has no licensure requirements for any operator, only training requirement (basic ART training). They are trying to have all operators obtain a licensure to operate x-ray producing devices, but it will take time to get passed into regulations.	2022 02	Operator, Podiatry
From CO - Virtual training discussion. I am hoping to introduce the topic and put it on the radar. The training utilizes a virtual reality platform. It covers operating console, positioning, all of it..for the most part. Is anyone else getting questions about this? If so, would their state allow virtual training in place of personal supervision or direct (in the building) supervision during clinical training.	In Texas it would fall under the rad techs section under the medical board. In NE it has to be direct supervision. IA agrees but also wonders what ASRT or JICERT would think of this practice. Is this just technologists or does it include radiologists for now? No answer to this. Could this possibly be addressed this in Part F?	2022 03	Operator
PA would like to know if anyone has come across RCIS registered staff in CV labs? They are not allowed to perform fluoro there because they are not ARRT and not providers, but now are saying they are allowed to.	NOT allowed CA, NE CO makes them take a fluoro operators exam (from the ARRT) can sit for the fluoro exam if they meet eligibility requirements per the state regulations. I would think that even though running the fluoro equipment is in the scope of practice for an RCIS, they are still bound by state law as to whether or not it is allowed.	2022 05	Fluoroscopy, Operator
In Kansas we are dealing with "urgent" care centers and small medical practices as primary or urgent care centers that are a part of a large group called Xpress Wellness Urgent Care in Oklahoma and has another name in Texas. They are not using registered technologists to take x-ray and many of their images are non-diagnostic. They are also putting certificates of technologists no longer employed on the wall as trainers. What can be done with this?	Suggestions include repealing the regulations that allows anyone to perform x-rays. However, this is a difficult path. ID also allows anyone to take x-rays and the technologist group has been trying for decades to get a licensure law. Other suggestions included notifying the board of medicine, Medicaid/Medicare and the large insurance companies. If anyone has dealt with this company in TX or OK, please get in touch with Jesse Woltje from KS.	2022 06	Operator

Colorado has an instance where RT (R) registered technologists are positioning for CT exams and the CT registered technologist is completing the exam remotely. In Colorado, we include positioning in our definition of an exam, so the tech would need to be registered accordingly. Wondering if other states allow the positioning for CT by an RT? Would you consider the RT qualified to just do the positioning for CT?	IL, WI allow an RT to take CT. It is less of an issue if the tech is not required to have a CT instead of just an RT. MN does not have licensure for x-ray, but we have a specific statute about who may operate x-ray systems. CA does not require ARRT certification but requires CA certification for use of CT (and other x-ray devices). ID do not require RT. Which states require CT? NC What about IV contrast? There is a PA on site. RT is trained to monitor injection site for extravasation. How many states deal with remote imaging? IL has a site working on this, CO has sites. Note: H-32 is currently addressing this practice.	2022 06	CT, Operator
From CO - Virtual training discussion. I am hoping to introduce the topic and put it on the radar. The training utilizes a virtual reality platform. It covers operating console, positioning, all of it...for the most part. Is anyone else getting questions about this? If so, would their state allow virtual training in place of personal supervision or direct (in the building) supervision during clinical training.	In Texas it would fall under the rad techs section under the medical board. In NE it has to be direct supervision. LA agrees but also wonders what ASRT or JCERT would think of this practice. Is this just technologists or does it include radiologists for now? No answer to this. Could this possibly be addressed this in Part F?	2023 03	Operator, Training
If anyone has any online courses for Limited Scope Radiographers / NCT, can you please email with links to the course information Karen.George@state.co.us and Katherine.Liberman@state.co.us.	Licensing law in NJ, WI, courses must be through an accredited program in order to sit through the exams. WI test is an ARRT test. IA has very specific requirements that has an online course. Their test is also contracted through ARRT "Control the Dose X-Ray Technician Training" course meets this. MN lists approved courses. "Control the Dose X-Ray Technician Training" is one of them ID has come across course that is decent and would recommend being taken: <a href="https://www.olympichp.com/">https://www.olympichp.com/</a>	2023 09	Operator
From Ohio - Do other States currently require technologist certification in both Nuclear Med and CT to operate PET/CT scanners?	WI has radiography license and also a combination license for qualified individuals. This is defined in code. IA nuclear med techs can operate PET but must have a radiography certification to do any diagnostic imaging.	2023 11	Operator, CT, Medical
Do other States currently require technologist certification in both Radiation Therapy and CT to operate CT Simulators?	Therapists can only perform for simulation, not diagnostic didn't catch the state AK, CA allows therapy techs to operate CT simulators but not for diagnostic procedures.	2023 11	Operator, CT, Therapy
Nevada:❓ Which states allow Remote CT Imaging?❓ What requirements does your State have for facilities and persons who perform remote CT imaging?❓ Is Tech licensure required for both the remote operator and the person who is assisting, or just the remote operator?❓ Must the remote operator be in your state or can they work out of state.❓ What training is required for assisting persons?❓ Are there limitations on the types of CT exams that can be performed remotely such as Invasive Intervention procedures.❓ Are job duties for the remote operator and the assisting persons specified and are there limitations?❓	In Wisconsin the tech has to be in the room. The licensing requirement is for the tech operating the machine. The remote person wouldn't have to be licensed, but the operator has to be.❓ In Florida that they have to have a rad tech in the room. You have to have a full CT or full rad tech in the room doing anything.❓ In Colorado, submitted the document that was attached to the agenda. We basically require the operator, and anyone involved in the examination itself be adequately trained. Requires that the operator be an RT and registered in CT.❓ Rikki Waller – is CRCPD working on a position statement for remote imaging.❓ Lisa Bruedigan – Yes, it is almost finished, but it is relatively neutral. It just talks about what should be looked for and makes a couple of suggestions but know it's going to depend on the state and their licensure requirement.❓ Wisconsin's like Florida, and a RT doesn't have to have a CT certification to do CT. They can be trained on the job and not have taken that CT test.❓ Illinois has the same requirement as Florida.❓ Hawaii has the same requirements as Florida and Wisconsin Texas is the same as Florida. Colorado requires the technologist performing CT to be certified.❓	2024 02	CT, Operator
What states have been approached by or are familiar with "The Control the Dose Medical Program"? They provide a 12-week radiology technologist training program for limited scope and a few others. Pros/Cons of this program. Home - Control the Dose	Iowa – Approved in their state; aid in finding clinical rotations for students. They're required to submit training requirements to be approved, to ensure their meeting the correct number of didactics, competencies, and clinicals (no simulation, has to be under direct supervision). Criteria is set by the agency; some can be found in the rules, and it defines what has to be taught. Iowa does have a scope of practice that outlines exactly what you can do and what you cannot do as a limited scope tech through ARRT. They cannot perform skull work in their state, perform fluoro or CT. They have to have an approved clinical instructor at each site, that would sign off on their work. They have to maintain their competency checklist rosters that contains all of their clinical exams that were signed off on by the clinical instructor. Minnesota – Their website needs to be updated, as it seems like it is approved in Minnesota and that's not the case, as they have to still sit for the ARRT limited exams; Must be an ARRT accredited program so this program does not meet those criteria. North Carolina – the state wouldn't license one of their operators; and they don't have the authority to approve a license. Clinicals are reviewed after-the-fact, so they discuss the x-ray after it has been completed. She stated that in North Carolina that once the student goes through their structure training, then they take the image and if it needs correction, they review the images after they have been taken. They have a scheduled online review time period set weekly, and that is when their images are critiqued. Asked the company to provide their pass rate and she was not able to provide that information. Are they restricted in their modality? They are limited with their body part. New Jersey – does not recognize it as being an approved program as it doesn't meet their scope of training and timeline of the training. Doesn't meet the required state board standards, posted on the <a href="http://www.xray.nj.gov">www.xray.nj.gov</a> and it lists the requirements to get a license. Wisconsin – They do have a limited licensure program, that is approved by ARRT, so this program would not meet their guidelines. They cannot perform fluoro or CT. Texas – Suggested reaching out to ASRT, as the students are not supervised. Lisa asked how you can adequately teach positioning when there isn't someone to show you or correct you in.	2024 04	Operator
Do any states offer any kind of "reciprocity / waivers" for x-ray operator licenses/registrations for travelers (short / term limited employment)?	Wisconsin – they're required to be licensed in the state. Hawaii – same as Wisconsin If your state allows license/registration "reciprocity / waivers," is there a timeframe where registration is waived? If so, what is the time limit for this waiver (i.e., 180 days or less)? Texas – the only time it is approved is in conjunction with the free clinics that come into the state. For any state allowing license / registration "reciprocity / waivers," is there documentation of that person having approval to work in that state for the term limited position? If the traveler stays longer, are they then required to get licensed / registered in that state? N/A for other states Do ALL "traveling assignments," x-ray operators must register in your state to operate x-ray equipment, even if that person is only working a very term limited assignment (i.e., a week, a day)? N/A for other states For any state that requires heart cath specialists to obtain a fluoroscopy operator registration / license, do you have a special provision for travelers and state registration? N/A for other states	2024 04	Operator

Topic	State Responses	Meeting Date	Cross Reference
How many states license qualified medical physicist? If you do license them, do you have a shortage of qualified medical physicists, and why?	ID, WI, UT does not license, but asked to register, also provide list of qualified experts and such NB must be registered with state and meet certain criteria, no shortage Per Melissa, there are only 4 states that license QMPs (TX, NY, FL, HI) everyone else uses a registration process but PA and MA are in the process of trying to get CA requires for mammo and therapy but nothing else VA has approval process, apply, credentials, yearly update, no shortage HI asking because there seems to be a shortage of qualified medical physicists there due to the hospital residency requirement. However, the statement of a hospital residency being required is not true. AAPM definition of QMP is same as CRCPD.	2021 03	Physicist
Does your state require a physicist to be registered in order to check a mammo workstation? They will not be performing any testing on mammo units.	WI doesn't register physicists at all Yes if registered – TX, IL, NH, IA, UT, CO Kate Hintenlang reminded everyone that FDA/MQSA regulations require a QMP to inspect mammo work stations.	2021 04	Mammography, Physicist
From Arkansas: What are the minimum qualifications your state will accept regarding training and experience of a Qualified Expert for CT?	ID doesn't differentiate between modalities. Asked to send CV and what they do/specialize in; IL has verification process, specifically for CT, are they board certified and various amounts of hours of training. TX has licensure process for diagnostic modalities, CT falls under this. MN has service providers general definition. For CT could be physicist or GE engineer; need to provide documentation of such training for CT units. FL doesn't have anything for CT specifically; for all equipment being evaluated – done by state licensed physicists. SC does similarly. AR interested in getting something in writing for what is acceptable. Wants to be able to find such document - # of hours trained, supervised evals. NE name Radiological Health Physicist – cert. by ABR, trained as Health Physicist, other related specialty, plus other documentation. OH also spoke about qualifications. IL has a process and must have 20 hours if board certified and 40 if not IA has nothing specific Minn just has service provider. Must had doc they have received training in CT systems they are working on. SC, FI doesn't specify for CT. Dose calcs would use state licensed physicists. NC is be certified, or meet the requirements to be certified. But doesn't apply to Cone Beam, PET, etc.⌘	2023 05	CT, Physicists
Does anyone have a list for qualified expert, would like to specify in writing about which degrees, additional training, and certifications.	In Nebraska, they have to be a radiological health physicist with ABR certification, or a master's degree + experience or BS + experience + training with letter from mentoring physicist. 004.02 RADIOLOGICAL HEALTH PHYSICIST. A radiological health physicist must: (A) Be certified by the American Board of Health Physics or the American Board of Radiology in therapeutic radiological physics, roentgen ray and gamma ray physics, x-ray and radium physics, or radiological physics, diagnostic radiologic physics; or the American Board of Medical Physics, or the Canadian College of Medical Physics; (B) Have a master's or a doctor's degree in a physical or natural science or equivalent, biophysics, radiological physics or health physics, plus one year of full time experience in radiation protection and measurements; or (C) Have a bachelor's degree in a physical or natural science or equivalent, plus three years of full time training and experience in radiation protection and measurements and a written statement from a radiological health physicist as defined in 180 NAC 15-004.02(A) or (B) that two years of training and experience in radiation protection OH certified x-ray expert. See OH admin code Info on the TX LMP application <a href="https://www.tmb.state.tx.us/page/licensing-medical-physicist">https://www.tmb.state.tx.us/page/licensing-medical-physicist</a> From NC – <a href="http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2015%20-%20radiation%20protection/10a%20ncac%2015%20.0611.pdf">http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2015%20-%20radiation%20protection/10a%20ncac%2015%20.0611.pdf</a>	2023 05	Physicists
Which states require physicists to be registered in their own state, when the physicist is performing surveys on a mammo RWS? i.e. a physicist has performed a survey/MEE for a RWS in Utah but the mammogram originated in Idaho?	IL, IA must meet state regs ID, meet MQSA regs NV must be registered with the state	2023 09	Physicists
Arkansas – What do other states do to qualify a diagnostic medical physicist to be able to perform surveys on fluoroscopy?	Illinois We have an approval process for medical physicists, although we call them diagnostic imaging specialists or therapeutic radiological physicist, depending on if they're performing diagnostic or therapy surveys. Facilities that are classified as hospitals or that have mammography or therapy equipment, must have a medical physicist/ diagnostic imaging specialist evaluate all their extreme machines on an annual basis. But if it's a fluoroscopic unit in a medical clinic, they would not be required to have a physicist evaluate that unit. Nebraska – same as IL Alaska - For medical physicists, we have two separate requirements. One to service devices, the other to do work and things that pertains to patients.	2024 05	Fluoroscopy, Physicist



Topic	State Responses	Meeting Date	Cross Reference
Does anyone (other than Alaska, Idaho, Alabama, North Carolina, South Dakota, and Missouri – I believe these states don't require RT certification) allow individuals in podiatry offices to take x-rays without any state and/or national certification?	WI, PA, CO must be trained by the podiatry board via a course they offer. WI also has limited license regulations. NJ, FL, MN requires limited license The Kansas Board of Healing Arts has an Unlicensed X-Ray Operator from that a physician can sign off on. The unlicensed xray operator has to complete 12 radiology CEU's annually. Title 49 PA Code § 29.82 provides: "(a) A person may, within the practice of podiatric medicine, perform radiologic procedures on the premises of a podiatrist and under the direct supervision of the podiatrist, if one of the following applies: (1) The person has passed an examination in radiology conducted by the American Society of Podiatric Medical Assistants or the American Registry of Radiologic Technologists... (2) The person has passed an examination approved by the State Boards of Medicine, Osteopathic Medicine or Chiropractic to apply ionizing radiation to human beings for diagnostic or therapeutic purposes. (3) The person has passed an examination approved and administered by the Board." VT requires podiatrists to have an additional Ionizing Radiation Privileges endorsement on their license, otherwise a licensed Rad Tech can take the x-rays. This is handled by the Secretary of State's Office. Alaska has no licensure requirements for any operator, only training requirement (basic ART training). They are trying to have all operators obtain a licensure to operate x-ray producing devices, but it will take time to get passed into regulations.	2022 02	Operator, Podiatry
NE has come across CT's that the FDA lists as bone densitometers.	No one else has heard of these, although AK has seen podiatry units similar to the one described that do this procedure on feet. These appear to look like mini CT's that patients put their legs through for bone scans. One of NE universities uses one for research, but want to use it clinically.	2023 06	CT, Medical, Podiatry
Are PEDCAT CT's being regulated in other states as normal CT units or are they are treated differently? Additionally, what type of evaluations/training do other states require for these units? This device is a 3D CT unit, used for feet/ankle imaging	Florida, has several of them. They are CBCT units and are equivalent to the dental CBCT unit. Florida's regs are based on who is operating the device on what we can require for training and whatnot. If it's in a podiatry practice vs. and orthopedist office, they each have different requirements for the operators and training. If it is in an MD Type office and then we'd have the full rad tech requirements and things like that. Iowa, they would have to have a full RT permit to practice with our license. We do have a Podiatry limited license, but they would not be able to use this device with being a full RT. Minnesota, if it's a combined CT system, they'd have to be at RTR, they could not use their limited exam for Podiatry and operate these systems. Colorado's like Florida, depends on where it's being used. This would determine what requirements would apply.	2024 02	CBCT, CT, Podiatry
Colorado - The inspection cycles are specific to our state, but I am looking for background on the differences between these units and the reasoning for the differences. 1) For podiatry units capable of continuously variable kilovoltage peak (kVp) or continuously variable milliamperage (mA) or continuously variable collimation; they are on one year inspection cycle. 2) Podiatry systems used at less than or equal to 30 mA; they are on a 3-year inspection cycle in Colorado. What can you tell me about these machines? Why would different inspection cycles have been suggested when this requirement was developed? Does this differentiation even apply in today's practice?	Texas - inspection intervals are based on risk. Podiatric only poses less risk compared to other modalities. In Texas we have too many registrants, so we focus on ones that are higher risk and stagger the lower risk modalities further apart for inspection intervals. Illinois - SSR part F - inspection intervals were not discussed. In Illinois, our Podiatry units are in the same category as a medical clinic, which is inspected every two years. Also mentioned that she looks at the like dental units, that are inspected every 5 years. Looked at them like dental units. Nebraska - We're on a four-year cycle with Podiatry units and we treat them like dental. Minnesota has them on a four-year cycle with our general radiography. Also have mini-carms in podiatry practices that are on a three-year inspection cycle. Florida, podiatry is every five years like we do for dental.	2024 05	Podiatry

Topic	State Responses	Meeting Date	Cross Reference
In our regulations (Nebraska), we have a regulation stating, "Portable or mobile x-ray equipment must be used only for examinations where it is not feasible to transfer the patient or patients to a stationary x-ray installation." I noticed some states have this rule and others do not. My question is, how do other states define "feasible"? Why does it matter if it is stationary or mobile/portable machine? Is it the quality of images? Occupational or Public dose limits too high? What are the reasons behind the rule in other states? The states that do not have this rule, why not?	AL if the machine is mobile, no plan, if being used as fixed than a plan does have to be submitted and approved HI and ID as well WA requires exposure button to be mounted and be behind lead barrier of some sort KS has dealt with this recently, terminology and regulations state "impractical", legal said that "impractical" means that patient can't be transferred to fixed unit. IA, NC exact same situation, wording is "impractical" in their code, some procedures just can't be performed with mobile units due to machine output.	2021 03	Portable/Mobile Devices
WA does not currently allow urgent cares to use a mobile system. Our WAC is the standard suggested regulations from CRCPD that states "If it is impractical to move the patient to a stationary table..." Have other states allowed or not allowed this? We are getting pushback that our regulations don't apply to the 4 urgent care facilities.	WI, HI, NH, SC, FL, IL, ID in 1 room more than 1 week must be considered a permanent installation. IL is having concerns with image quality and the lack of angles available with a mobile unit. UT has allowed some but requires exemption. CA - If it's used consistently in the same room as a stationary location, we would require they comply with dose to the public regulations.	2021 12	Portable/Mobile
Melissa mentioned chains of urgent care clinics that just want to bring in a mobile unit instead of an actual room. They disadvantage of this practice is poor image quality and questionable operator protection	IL will need to change their regs to disallow this. FL, WI, HI, ID - If it is in a permanent location it must be treated as a stationary unit ? regulations state the patient must be imaged on a stationary unit unless there are medical reasons for doing imaging with a mobile unit. NC has a chain that wants to use a gurney instead of an x-ray table. They have had a hard time getting this in check at multiple facilities. CO - This is the same issue...ambulatory patients need to be imaged on a stationary unit. WA brought up this portable vs stationary issue a few meetings ago. We are talking to our AG office because we too have an urgent care that installed portable in their centers in multi rooms AZ has the same issue. We'd like to define "routine" in our rules to accommodate the failure to provide a shielding plan??? Jen in LA suggested that CRCPD develop a working group to address these urgent care issues. Lisa will present it to the board.	2022 02	Portable/Mobile
MN just received an inquiry on the Adaptx portable veterinary X-ray digital tomosynthesis system. Does anyone have or allow its use in their state?	UT, ID, CO, NE just received information on this UT will require an exemption ID adopted the CRCPD SSRs and the term "Dead Man Switch" was deleted from Section F. We require a method to terminate exposure. NE requires a dead man switch so it doesn't meet requirements MN doesn't have requirements against this. TX also requires the deadman switch and they don't allow for exemptions	2023 09	Portable/Mobile, Veterinary
How are states handling dose to public for portable machines? When inspecting, are you expecting to see an area survey or public area dosimetry system used? Would you look at this situationally? (50 rooms vs 3 rooms)	Nebraska - Does not require a shielding review or monitoring if it's a mobile unit used in multiple rooms, regardless of the number of rooms. New Hampshire -Requires a physics report of the machine but not a room survey. Requires scatter plot for c-arms. Pennsylvania - Does not require an area survey/scatter plot unless the unit was fixed in a certain location for an extended period of time. When inspecting, PA is looking for proper shielding and machine evaluations. Fluoroscopy- annually. C-arms are not required to be evaluated annually, though most physicists do it anyway. North Carolina- Requirements are similar to Nebraska, but notes they did not allow a stationary radiographic unit to be used as a portable because it didn't meet the operator behind a protective barrier requirement.	2024 11	Portable/Mobile, Dosimetry, Fluoroscopy
If a portable machine is put in a room and becomes fixed, with fixed geometry, table, and bucky, is it still considered a portable unit in your state?	Florida - If the machine is set up in a room for one week (7 days) it has to meet the standards of fixed units. Nebraska - If the machine is no longer mobile, it must meet the requirements of a fixed unit. It must have fixed geometry and the control must be behind the barrier.	2024 11	Portable/Mobile

Topic	State Responses	Meeting Date	Cross Reference
Also from Arkansas: Recently, we received a report from a registrant/licensee who had three (3) persons at the request of another nuclear medicine physician volunteer to be injected by nuclear medicine technologists with F-18 FDG and scanned with on two separate PET/CT scanners. The volunteers were healthy individuals and the scans were not part of any imaging regarding any health issues or medical issues. The nuclear medicine technologists were acting under verbal orders. The purpose was to compare scans performed on old and new PET/CT scanners to evaluate image quality between machines to ensure reoccurring patients can be scanned on either machine without falsely altering their treatments. Have other states encountered similar events with PET/CT and/or with other x-ray modalities?	NE has seen this with CT to use for training. WI heard rumors of using employees on a CBCT unit, neither is allowed. CA has found facilities using employees to "practice" and it is not allowed. How have others addressed these events? NE issues items of noncompliance and makes sure it doesn't happen again in the future. PA has seen this at dental practices with new CBCT installations and prisons with whole body scanners. When confirmed, facility is cited and required to provide written response. Often, they refer us to the installers who recommended or asked for volunteers to be scanned. WI would require a physicist to determine dose to the "volunteer". In Alabama-we do not allow verbal orders-all procedures involving radioactive material must involve written orders however if an authorized user signed the order for the volunteers-we would be hard pressed to issue violations for this Regarding the volunteers, how have others assigned to determined doses? Occupational dose? Would need a physicist to determine dose. AR asked if the dose would be considered occupational of public. The general consensus is that the dose would be considered public. Have others entertained permitting such comparisons where the licensee/registrant has requested Department permission with institutional guidance and procedures etc.? WI - Not for practice or reasonable screening need. How have those that regulate the Nuclear Medicine Technologists and/or x-ray radiologic technologists, how have you-all addressed this? No response	2022 06	Prohibited Acts
The FDA believes the following two issues have improved and are no longer significant issues. CBCT systems sold without phantoms - Need specific details, preferably a copy of the FDA 2579 or equivalent Any x-ray systems where trainers or applications specialists are exposing staff during training without a prescription order. •Need specific details on the company/manufacturer •A copy of the inspection report would be sufficient If you are still encountering these situations, please share information with the FDA by emailing Donald.Miller@fda.hhs.gov.	Mary Ann/ Illinois is still seeing phantom issues. Any indications as to actions taken, i.e., phantom being provided, any other solutions to this? None that Lisa knows about. FDA in stages of collecting data and then figuring out how to move forward.	2023 06	FDA, CBCT, Prohibit Acts

Topic	State Responses	Meeting Date	Cross Reference
Registration of vendors	TX registers will different types of providers AR register including different type of providers ID registers vendors with different types of providers, a "qualified expert" must be approved by the state. MD register with different types of providers	2019 06	Registration
There was a discussion regarding dental management companies are leasing the equipment to practices in several states ie Aspen Dental. Who is responsible for licensing/registering the x-ray equipment?	AZ has a combination of both lessor and lessee. In some instances, no one wants to take responsibility.	2019 12	Dental, Registration
Pennsylvania would like to know if your state registers/licenses electron microscopes. Is so, have you seen any issues with leakage?	HI, NH, CA, WA, VA, NV, NC, SC, (WI registers but no fee after 1 year). No problems have been found. AK, IL, MN, ID, TX, AZ (exemption) does not register/license.	2020 01	Registration
Do any of the states have a limit to the number of Registrations and/or sites that one RSO can serve? This refers to chains such as Aspen Dental and Banfield Veterinary Clinics.	NO-ID, SC, NE, NJ, HI TX and NC have had issues with chains regarding radiation safety. ID chains would be addressed as a group. We haven't had any issues with these groups. CA may address as a group, but it would address as an individual if they were going against company policy.	2020 05	Registration, Dental, Veterinary
Which states regulate vendors? How are they regulated? What problems have you had with vendors?	ID registers vendors but there is no fee to do so. This includes physicists, but they are also asked if they would like to be put on a list of qualified experts that is sent to facilities needing physicist services. NH, AZ, HI and NE regulate vendors. HI considers anyone doing business involving X-ray a vendor. FL has a separate database for physicists. WI has no regulations on this. AZ asked if states get a lot calls from vendors asking for Form 2579. Many states do but refer them to the FDA. Several states have reported problems with vendors selling handheld units without submitting report of installation to their respective states.	2020 12	Registration
a. For those states who register vendors/service providers; do they also register companies who only offer disposal (such as e-waste recyclers, junk dealers, scrappers, etc.) b. Do other states restrict who can dispose of x-ray equipment, or how x-ray equipment can be disposed of?	a. Yes - NC registers if they have their own x-ray equipment No - WA, SC, ID, FL, AZ, UT, NJ Most states just use some type of disposal form or other written correspondence when equipment is disposed of. ID requires a change of information form to remove it from their license. b. NE department of environment and energy handles x-ray unit disposals. NJ has them make sure it is disconnected and contact municipality. If the unit is older than 1980 makes sure the old oil is gone	2021 01	Registration, Disposal, Jurisdiction
The AAPM would like to know how many states have x-ray machine registrations that specify a category of equipment (i.e. Rad, fluoroscopic, CT, mammo, etc.) and if so, whether those records are publicly available. This information would be used in support of the diagnostic physics work force study that AAPM is developing.	YES - IL, LA, ID, WA, NE, WI, NO- FL based on who is operating the unit	2021 01	Registration
Do other states bill for x-ray equipment that is inoperative or inoperable? What documentation do you require for removal of equipment from registration (i.e. service record, email stating no longer in use, etc.)?	NE, CA, MO, NB, ID, AK, VT, UT, CO (unless in storage then fees are charged), NJ, NH, FL do not bill for inoperable equipment, fill out a disposition or change of information form. VA, HI charge until removed	2021 06	Registration
Which states require registration with their Departments for sales of xray units?	Yes for sales, service and installation CO, UT, ID, FL, NH, SC, NJ, HI, CO, AK, AL, PA, NC, WA, IL, MN, NV, LA for installation and service but not sales Most states also require notification of removal. Some states penalize facilities for having unlicensed units. The penalty for not having a unit registered in NJ \$300 per unit. Does amount of time affect the fine? They will add license fees retroactively. If NV finds an unknown unit they will charge a license fee back to the date of purchase/installation and a late fee until the license for the unit is caught up. If you don't have requirements do you see random units popping up. In most states, yes. NE requires notification within 15 days. Even with notification, random handheld units still seem to pop up. ID found one a few years ago that was purchased by a dentist from a sketchy seller on E-Bay. It had "FDA" stickers on it but that looked like they had been sanded so they weren't legible. He was told it needed to be removed from service. TX Radiation Control doesn't license the disposal of equipment, but our medical devices regulations require they license as a salvage facility, assuming they only dispose of and never energize. Alaska has one penalty amount \$500 per violation. Violations go through the office of law to be enforced, case file must be written to support case and evidence. Most facilities are given 30 days to comply before being cited for violations.	2021 12	Registration
If x-ray equipment is plug and play and does not require installation, does your state still need the company selling the equipment to register as a vendor? We had a company, PFI of Florida, sell a machine to a facility in Arkansas. The company claims that because they did not deliver the equipment (they hired a 3rd party transportation service) and install it, they should not have to register as vendors. The company president says they sell equipment nationwide and have NEVER had to register in any other state.	YES-NE (anything to do with x-ray must register), ID, UT, CO, AL CA does not register vendors NJ requires an exemption request PA regulations are more catered to X-ray servicers and installers but incorporates those just selling units. PA Code 25 § 216.2a. provides "A person who...is in the business of selling, leasing or lending radiation-producing machines in this Commonwealth shall apply for registration of the activities with the Department prior to furnishing or offering to furnish those services."	2022 05	Registration
Full disclosure, Minnesota does not license/register vendors, or distributors of x-ray systems. We do require registration of the individual service provider that assembles, installs, repairs, replaces one or more components in a radiation-producing equipment system or conducts calibrations or equipment performance evaluations. What does your state require when in and out of state vendors (industrial or medical) set-up operating (able to make an x-ray exposure) x-ray systems in for presentation/display at a conference or an event? Does your state license/register each vendor as a licensee/registrant same as an industrial or medical user when having an operable x-ray system for presentation/display? Does your state license/register vendors/distributors and this activity would fall under the vendors/distributors license or registration? Does your state have any restrictions when having an operable x-ray system in this situation? Does your state license/register vendors/service companies and the x-ray systems they possess for distribution or transfer? Does this license or registration allow the vendor/service company to operate x-ray systems at their facility in order to repair and verify operation before distribution? Does your state require training, radiation safety program, etc., is similar to an industrial facility that is required to license/register in your state. If your your state does not license/register vendors/service companies and the x-ray systems, they possess for distribution or transfer: Does your state allow vendors/service companies to verify operation (make exposures) at their facility? Does your state require vendors/service companies to have a radiation safety program, provide training to operators, and shielding evaluations for their facility depending on the systems being serviced?	MN does not register service companies but each individual service tech. How does everyone handle use at conventions? They are looking at changing their rule. Bill - Does MN have reciprocity? NO so everyone must be registered per statute. FL only allows vendors to hold for deliver. If they are going to turn it on for demo, repair, etc., they must register the device. Shielding rules would also apply. This also applies to vendors coming into the state to demo units such as c-arms. NI has temp regs for a short time before they must register. They also cannot use people, must have a mannequin. LA is similar. CO, ID, VA, allow for reciprocity. CA allows 30 days for registration. CT requires all owners to register the device. In NH you would have to register each machine under reciprocity for demo purposes. WI requires notices of at least 48 hours, and they must be in the state less than 30 days.	2023 08	Registration
TN - Are there any states that use web-based licensing (WBL) for X-ray?	UT uses Salesforce and allows registrants to do everything online they have custom designed it and built it for their use. TX has a portal for registrants to look at license and eventually they will be able to make changes. WI says NRC offers a web-based program for materials and have recently opened it up to be used for x-ray but IL looked at it and decided not to use it.	2023 11	Registration

Topic	State Responses	Meeting Date	Cross Reference
AK would like to know if others are having a difficult time with adding or correcting their state regulations or administrative code. It seems there is no support from management or others in the Agency to submit the paperwork drafted in Admin code to change fees or to do enforcement type regulation through legislative statute changes. Curious how others have done so in the past and what problems they had to overcome.	NJ does an update every 3-4 yrs. FI runs into problems every once in a while, but hard to get regulations changed. ID updated 2015 and the regulations directly tie to CRCPD suggested state regulations, so every time they change so does Idaho's.	2020 10	Regulations
NJ DOH would like to know what other states regulations say regarding tanning maintenance schedule (after a tan is developed).	No regs – ID, CO Yes – NC, SC, AZ, WI once every 24 hrs. HI (not regulated by radiation control program)	2021 01	Regulations
How do other states have their registration fee amounts structured in admin code- which is basically regulation on the state level. And is it in their regulations that the amount be a number (dollar amount) or do they have the wording that the Agency can set and adjust the fee as necessary to meet their budget for the program.	In regulations, ID, TX, IL, HI, IA, NJ and NH (breaks down fees depending on type), SC, PA In statute – MN, FL, VT Most states charge fees on per tube basis. Some break down the tubes by type.	2021 09	Regulations
Has anyone received inquiries regarding the conversion of tanning beds into red light therapy beds by changing the bulbs from ultraviolet to red light bulbs? If your state has a tanning program, are you allowing this conversion? FDA's take on this would be appreciated.	No tanning program – ID Yes tanning program but not under radiation– IL, NE, WI FL has a tanning program but has not had this issue. Iowa does have a tanning program and we do not allow the red bulbs. Below is on our website: Red Light Therapy Lamps, Red light therapy lamps may only be used in therapy units specific for red light therapy. Red light therapy lamps may not be used in tanning beds or mixed with tanning lamps. Tanning lamps may not be used in red light therapy lamps or mixed with red light therapy lamps. SC has a program and an owner wants to change the lamps to red light. FDA says it depends on who is doing the conversion and what claims they are making after the conversion. IE. Medical vs general wellness claims. "Lessens wrinkles" is a medical claim and not allowed. General health "improves mood" or "Makes you feel better" are allowed. If there are any devices that you are aware of making medical claims let the Donald Miller (donald.miller@FDA.hhs.gov) at the FDA know.	2021 11	FDA, Regulations

Topic	State Responses	Meeting Date	Cross Reference
A university is looking at a program where a researcher will be building/assembling an accelerator/radiation machine for non-human use. No radioactive material will be created during use. Have other states approved facilities to build a radiation machine for research purposes. Did the researcher have to register as a "service company" or similar entity since he/she will be assembling the unit? Are there any similar instances in your state and if so which state?	Colorado has a researcher wants to assemble an accelerator and they are not sure how they should be licensed as vendor or researcher. NC has some that have nonhuman or human use. They have a guidance doc as long as in testing phase. After that they need to register. Hawaii has a researcher with an electron laser that have listed as a radiation facility license with conditions. Idaho has a classification of license that covers universities which allows for research. SC also does the same thing.	2019 11	Research, Therapy
AR wanted to know if anyone has heard of screening protocol called peripheral quantitative CT assess bone mineral density. Does anybody know anything about it?	There is one in NC, used for research. These are like tiny CT units for extremity use. They are used for research and usually found in kinesiology/exercise science departments. Here is a link: <a href="https://www.galileo-training.com/us-english/products/p7/xct-2000l.html">https://www.galileo-training.com/us-english/products/p7/xct-2000l.html</a>	2020 10	CT, Research
Per SC institutions are putting together a review board to evaluate using an XRF to measure lead in a human bone (living person). The make an exposure on the person's shin. Has anyone heard of this?	In WI people wanting to use x-ray must submit what they are looking for and how, and then it must be approved by the state. MN doesn't think FDA would think this acceptable. In FL a law firm took XRF to Flint MI exposing peoples shins for lawsuit purposes, wanted to do the same thing in FL, but they were denied. Angela – SSR talks about prohibited uses, are they asking for exemption? SC – University would need exemption for this. In PA, if a doctors registered unit is used without a prescription to take X-rays of humans for non-diagnostic purposes: that would be a violation. We've even had a situation where dentists have used their intraoral units to take images of fingers or toes that they thought were broken. Out of scope of practice, and a violation	2023 05	Research

Topic	State Responses	Meeting Date	Cross Reference
Minnesota recently passed statute to allow for security screening of humans who are in the custody of a correctional or detention facility and are currently drafting proposed rules for security screening of humans with x-ray systems and operations. One item that has been brought up is scanning of employees for training purposes. Minnesota had a discussion during an Advisory Meeting that there is currently only one state that does not allow employees to be scanned as a part of training on security screening x-ray systems.	a. States that allow security screening on humans, allow for staff to be screened as a part of training on security screening x-ray systems? NO - AZ, WI, SC, UT, PA, CA, HI, ID, MO, NC. YES - NH seems to be the only state that allows it. b. Is this different than what you allow for medical staff training on diagnostic x-ray systems? NO for most states, YES for NH c. If different, what was your justification to allow staff to be screened as a part of training on security screening x-ray systems? Unknown d. States that are developing regulations for the use of security screening on humans have discussed allowing for staff to be screened as a part of training on security screening x-ray systems? AZ, WI, VA, NC, MN, PA, ID (has adopted the SSRs as regulation) The last section of Part H of the SSRs addresses security scanners used on people.	2020 01	Security Whole Body Scanners
Regarding the use of full body scanner in juvenile correction centers	IA, SC, WI requires a variance for adults no screening of minors is allowed MN allows screening of adults only NH prisoners must be scanned when returning from offsite in some manner, the use of full body scanning only applies to state prisons and the dose is restricted to 25 mrem/year HI prohibits the use of full body scanning IA requires a variance for any use SC CA and ID have nothing that addresses full body scanning.	2020 02	Security Whole Body Scanners
SC is updating their regulations and including full-body scanners. Do other states have regulations on this?	Yes - NH NO - PA, NJ, ID, Most states refer to ANSI Standards	2020 05	Security Whole Body Scanners
How many states allow "dual view" human security screening scanners in their state? South Carolina has a proposal from Adani to bring the Compass DV into SC; however, SC has not allowed DV units into the state because of the increased dose.	AZ and NW allow these types of units to scan inmates. WI takes them into consideration on a case by case basis. FL adopted ANSI dose limits. Their law states that the benefit must outweigh the risk. I.E. the risk of contraband being brought into a facility by an inmate.	2020 12	Security Whole Body Scanners
How, or are, states performing measurements on machines like the Soter RS (transmission x-ray based, non-medical, whole body security screening systems such as the types that are popping up in jails and prisons)?	CA, NV, NJ scattered measurements. CA measures scattered while the unit is being used. Some states use a water a phantom to test scatter. May only be used on inmates? NJ, WI, CA, MN, NV	2021 07	Security Whole Body Scanners
Over the past year or so, our state (Missouri) has seen a significant increase in the number of whole body security scanners being placed in county jails and state prisons for contraband detection on both detainees and staff. These units are obviously not medical, but they also represent exposure beyond occupational, since the radiation delivered to the detainee is neither incidental or non-intentional. Exposure for any single scan is minimal, and the published literature indicate that even scanning individuals potentially dozens and dozens of times in a given year, the total exposure should be less than 25 mR over the year, so not beyond what one might expect for a general public limit. Having said that— How do other states categorize and/or regulate these types of units?	ID considers them industrial units MN also includes ANSI), WI, SC (SC includes ANSI) write a variance for each unit documenting training, placement, lead apron availability etc. CO uses CRCPD suggested state regulations Part H NH has statutes that allow the units in prisons and its use is up to the facility. Anyone who enters the property is subject to scanning. SC has had issues with COS reaching max dose PA allows only on inmates and also requires ANSI standards. has been requested for Cos VA all visitors and inmates required to be scanned notification safety training and inspection MN ANSI, registered and the dose has to be within limits SC requires them to be reviewed and a waiver must be requested. Workers and visitors are not allowed to be scanned It was also noted that some prison staff are subject to "mock scans" where no radiation is used. It is often used randomly to reduce dose or once an employee has reached maximum dose. How do you keep track of dose? Logs are the only way to do that. How often are they inspected by other states? NH 2 years NJ 2 - years ID 10 years by statute but surveyed at the same time as medical and dental equipment CA, WI 3 - 4 FL, VA 3 MN 2 - 4 years physically SC every 4 years Do your inspection protocols or regulations rely on ANSI/HPS N43.17-2009, or are there other standards in use out there? Most states go by ANSI NE, NH does not <i>Comparing low dose radiation risk vs narcotics and weapons is something that should be considered</i>	2021 12	Security Whole Body Scanners
Regarding full body security screening in jails and prisons, Virginia DOC would like to start implementing this and they have no specific regulations that would prevent it. Even though the doses are low, children are far more susceptible to radiation on an equivalent per mass basis as compared to adults. This has been well documented, and the medical field has already and continues to address this issue. My fear is not the occasional use but the trend towards expanded and mis-use (i.e high res, adult settings for child scans etc) of the systems.	NJ has a DOC statute that it is used only on inmates. PA doesn't allow the use on 18 and under nor the general public. Most states only allow use on detainees.	2022 04	Security Whole Body Scanners

Topic	State Responses	Meeting Date	Cross Reference
Are aprons required for hand held dental x-rays? Many states required dosimetry and lead aprons for hand held devices.	MD, TN doesn't require aprons but does require dosimetry. KS, SC, NH requires no aprons but does require dosimetry. NV requires an apron and dosimetry. CA doesn't require an apron for the Nomad only. ID requires dosimetry for a year but they can request a waiver after submitting a year of dosimetry reports. Anything goes in AZ and WI.	2019 08	Dental, Shielding
How are states handling the gonadal shielding recommendations from AAPM. ACR and FDA are also on board. Jennifer Elee gave a background of the recommendations.	Rebecca Marsh stated that almost every state has a law that states no shielding is needed if it interferes with the exam. Many states haven't had a lot of questions about this. There are some large health institutions that are looking to change their procedures. WI stated their facilities can request a variance as does CA. TX said it will be an issue of how to have a conversation with the patient since this has been a perceived standard for so long. Some states are planning on changing their regulations to take the AAPM recommendation into account. It was noted during the discussion that CRCPD's Suggested State Regulations (SSR) Part F does not specifically require the use of patient gonadal or fetal shielding. Comments/feedback on the recommendations can be sent to cares@aapm.org. FAQs are expected to be finalized this fall.	2019 09	Shielding
California had a question from a medical physicist recently who asked about the following: There is a company, XRay LLC, that is selling a unit-specific filter called Rayshield/CVP-2 for mobile c-arms. They claim to greatly reduce dose yet maintain image quality: <a href="https://rayshieldllc.com/">https://rayshieldllc.com/</a> Has anyone seen or experienced the Rayshield?	None of the state have seen this device.	2020 01	Shielding
By regulation, does your state require the use of lead aprons on patients? If so, is it specific for facility types (ex. Dental, Medical, Orthopedic)? Are there any states considering removing the patient lead apron requirements?	Will be removing for patients--WI, LA going with AAPM, YES requires -- MN, NJ (debating whether or not to remove it) PA if gonads are in beam unless interfering, NC, NO - ID follows the CRCPD SSRs On August 10 Melissa Martin will be meeting with director of radiologic sciences programs in CA to discuss changes in curriculum to reflect the changes to the usage of gonadal shielding. *Note AAPM recommendations only apply to gonads	2020 07	Shielding
Are there any updates or issues at the state level regarding the AAPM position on discontinuing of gonadal shielding?	Training modules to go out are geared towards technologist training, and will be on the AAPM website. Melissa would like to add them to the CRCPD website, but it was indicated that the CRCPD board would have to approve the posting of the link. The board was waiting on additional information to make a motion--waiting on the NCRP statement. Status of NCRP statement is not known. Ruth McBurney states it is believed it has gone out for council review but will check on the status. Discussion about waiting, as the FDA may pull gonadal shielding recommendations. Melissa states the FDA has it present as a recommendation not a regulation. NCRP is also just a recommendation. Melissa stated it was likely FDA was going to rescind the guidance. Modules, however, are not anticipated to be ready until March. No other updates to report.	2020 11	Shielding
NH asks do other states have regulations on apron use for dental x-rays?	CA requires apron use. Many of the other states are working towards removing apron use requirements for patients based largely on the AAPM statement regarding lead apron use for patients.	2020 12	Dental, Shielding
SC how many states are seeing electronic brachy therapy units	WI, FL, NJ, SC	2021 02	Therapy, Shielding
Which states require industrial radiography certification? Do they specifically require certification for those individuals that operate open radiography units that are used only in an enclosed shielded room with interlocked doors, various notification alarms and an operator's booth that is outside of the "room"?	Yes- AL (room is considered a shooting room), FL No -- ID, CA (unless performing field radiography), NH (if they are certified or certifiable definition), MN, FL (has training requirement for industrial cabinet),	2021 04	Industrial, Shielding
The recommendations on gonadal shielding is causing some discussion. Here is the link to AJR: Patient Shielding in Diagnostic Imaging: Discontinuing a Legacy Practice : American Journal of Roentgenology : Vol. 212, No. 4 (AJR) . Julie has been following the discussion on ASRT and sees that there is much confusion out there. Her staff get asked about this and wonders what others are hearing.	WI hears a lot about it and their code is being rewritten. Per Jennifer Elee, there is a lot of confusion because they think this means no shielding of any sort. The position papers mean discontinuing gonadal shielding. ASRT members are misunderstanding the recommendations. AAPM has an entire section about this on their website that is very informative. <a href="https://www.aapm.org/org/policies/details.asp?id=468&amp;type=PP">https://www.aapm.org/org/policies/details.asp?id=468&amp;type=PP</a> NH sees a lot of skepticism and says techs will continue to shield	2021 04	Shielding
What are the states rules regarding shielding plans?	WA requires shielding plan, if they don't have one, they have to get one done before using the machine. It is a non-compliance and they charge \$300 to evaluate a shielding plan beforehand and \$1000 if it is done afterwards for medical use x-ray NC requires shielding for everything except mammo or bone density SC also cites vendors for not having a shielding plan since they register vendors. NE requires one and it is considered a non-compliance. Dental: WI requires a shielding plan for CBCT. SC requires on for CBCT & cephalometric but not for intraoral.	2021 05	Shielding
What are states safety requirements on hand-held dental units? Are most states requiring lead shields?	All states require the backscatter shield be in place. In CA they are unable to use one without the backscatter shield in place. NC, WI, SC, NV requires the use of a lead apron as well KS requires all of the above plus the use of a thyroid collar. NE also requires a lead apron and whatever the manufacturer requires for operators. NH also requires the user to wear an extremity badge. VT requires operators to wear lead shielding if they must hold the device at an angle, primarily in veterinary facilities.	2021 06	Dental, Hand Held Devices, Shielding
AL asked about the shielding for the VetCAT CBCT being used on animals. Has anyone else seen these? It is being promoted as "self-shielded" with 10 mR per scan 1 meter away.	WI has something similar and the facility had to shield 2 walls.	2021 11	CBCT, Shielding, Veterinary
Arizona has a large hospital that is requesting approval to utilize a color coded "dot" system to demonstrate their apron integrity inspections. Essentially, they are proposing to inspect their aprons annually (as required in AZ) and affix a colored "dot" to the apron as to indicate it has been inspected for that year. The color of the dot will change yearly and staff will be instructed not to use aprons without the correct color. Our concern here is compliance verification, the system seems confusing to employees and it seems nearly impossible to review during inspections since this facility has over 2,000 aprons. The hospital claims that other state radiation control programs have approved this - what are your thoughts? What other states have approved it?	SC has seen it and just ensures the current year corresponds with the year's color. Florida Radiation Control does not regulate apron integrity Melissa wonders why there wouldn't be a log to affix the appropriate dot on the apron. She states the system works very well but the facility should have a log to correspond with the aprons. The facility doesn't want a log just dots.	2022 02	Shielding
Has anyone seen this shield <a href="https://www.rampartic.com/">https://www.rampartic.com/</a> ? NJ granted an exemption for this use in one hospital. It is also designed it to have the user wear a lead apron. It has adjustable panels so the user can get the most efficient protection.		2022 03	Shielding
Jennifer Elee will be participating in a panel at the AAPM annual meeting. I need to ask the following:	a. Has anyone had any issues with the new gonadal shielding guidance? In all states most of the pushback is coming from technologists. NE has not, physicists there are agreeing with the recommendations. SC has had some RSOs discontinue shielding all together, CA only has gonadal shielding requirements.  b. Have any states updated regulations to remove gonadal shielding requirements? Only VT.  c. Do any states have updates in the works or plans to update regulations? NJ will take exemptions, but they are planning on changing their regulations. UT, VT do not require shielding but it must be available if requested. SC and WI will remove. NE and FL have no plans to change the regulations but issued information that it shouldn't be used if it interferes with the exam. NH had something to say about training	2022 05	Shielding
Arkansas is wondering about whether other states allow the use of portable shields within a diagnostic x-ray room. The shield being used instead of a permanent wall that forms part of a "booth." An SSR Appendix requires the use of an interlock for a "door or movable panel" which will prevent an exposure when the door or panel is not closed. Maybe portable shields would fall under that statement?	WI does not permit these because they don't meet regulation nuclear medicine and SPECT users want to use these and they may work something out. CA, VA, WA does not allow these. NE requires the portable shield be tethered or have a booth.	2022 06	Shielding
Arizona is requesting input on a received exemption request regarding the requirement to wear aprons during fluoroscopic procedures. The applicant is "Protego Radiation Protection Systems", and in summary the system utilizes a shielding system with movable walls (therefore adjustable "protection zones"). Our biggest concerns here are that the Protego shield does not provide 0.25 mm lead equivalent at the head of the table and some areas in the room on the opposite side of the table form the operator, and rather relies on the facilities to establish their own unique protection zones that are demarcated on the floor. We are aware that the state of Michigan has approved this, and we are curious how other states would proceed. An information brochure and the Michigan approval notice is attached for reference.	WI had a radiologist that used moveable walls in lieu of an apron due to back issues that had an exemption FL doesn't specify aprons or not but does require .25 mm equivalent. CA would want to look at what was happening in the zone outside the demarcation areas.	2022 07	Fluoroscopy, Shielding



Has anyone seen this shield <a href="https://www.rampartic.com/">https://www.rampartic.com/</a> ? NJ granted an exemption for this use in one hospital. It is also designed it to have the user wear a lead apron. It has adjustable panels so the user can get the most efficient protection.		2023 03	Shielding
The State of Arkansas is evaluating the potential use of the NITON XL3t 600 Analyzer within the state. This is a portable XFR device is without a safety device that would prevent entry of an extremity into the primary beam. Many states have regulations that require this safety device. QUESTION: What states have granted an exemption or "variance letters" for the NITON XL3t 600 Analyzer where a safety device would not be required?	FL is it like other the devices where it must be pushed against something to pull the trigger (proximity sensor)? NH were made aware that Thermo allows the proximity sensor to be disengaged so they watch them use it and look at training procedures and policies. AK doesn't require the safety device, just requires dead man switch. PA has seen them at pawn shops and the proximity sensor was disabled with a piece of foil. One owner held up a piece of jewelry in one hand operated unit with the other. AR "what is to say its not a body part pushing on proximity sensor?" However, not all models have proximity sensors. NC has regulations that address bypassing the safety device. Pawn shops are required to use a test stand. Does Thermo say it meets therequirements for the safety device? FL assumes people are trained to use it properly and the facility has SOP requirements. The specification page from manufacturer states it's password protected as well as locking shielded carrying case and belt holster. AK - has the condition in regulations that the device operator must attest to operational conditions of the device. Must document the operator is trained in proper use of device. Only to be used on objects, no human or animal use. No dosimetry required as no part of operator should be in the beam of the device. Has anyone seen stands or back scatter devices backscatter shields that would prevent someone from putting their hand in the beam? Some do come with stands. PA has seen stands and shielded sample enclosures. I think usage would depend on what they're analyzing. Metal beams and misshapen larger materials may not fit or be able to be analyzed in such configurations. If the HHXRF is connected to the test stand it has a sensor that terminates the exposure if opened. Test stands are used in lab settings. What about required dosimetry? FL - No when used appropriately they shouldn't need it. WI, not if using safety devices, ring badges if not.	2023 04	Industrial, Dosimetry, Shielding
TN has been approached for an exemption to lead apron requirement in cath labs, to be replaced by the Rampart portable radiation shield - States it provides better protection than apron. Specifications were listed as were how patients and staff are better protected. Lead aprons can lead to physical injury detriment due to continued lifting, and detriment due to poor face/upper body region rad. protection.	WI has been approached, as well as NJ for this exemption. NJ received data and provided exemption. This data provided to chat in prior meeting. SC has also had a requested exemption. They require data but are willing to provide exemption if certain conditions are met.	2023 06	Shielding
Again, full disclosure, Minnesota does not allow for the use mobile, portable, or system installed shielding in place of an individual wearing a 0.5 millimeter lead equivalent protective garment. Does your state allow for the use of mobile or portable shields, or system installed shielding in place of an individual wearing a personal protective garment? System installed examples: PROTEGO - Cath Lab Radiation Shielding EGGNEST by Egg Medical Rampart M1128	FL, NE, ID, SC - Staff and ancillary personnel shall be protected from the direct scatter radiation by protective aprons or whole-body protective barriers of not less than 0.25- millimeter lead equivalent. CA requires a request for exemption to use mobile shield in place of use of wearing apron	2023 08	Shielding
NH does backscatter on hand-held device Genoray X-Ray To Go have to be in place during use at a veterinary clinic?	CO will allow individuals using a handheld dental unit to not wear an apron if there is a scatter shield in place on the unit. MN requires a variance for vet use and requires shield. NE, NJ, VA, ID requires backscatter shield at distal end, 0.25 lead equivalent. KS requires that handheld x-ray equipment must have a backscatter shield. The operator must also wear a lead apron and thyroid collar. KS does not allow the Genoray handheld unit. CA requires permanently installed backscatter shield. AK requires the scatter shield and protective garments. AL backscatter shield is required by the conditions of the waiver signed by registrant	2023 08	Hand Held Devices, Shielding, Veterinary
Portable radiation shielding systems, Rampart M1128. Has any state approved an exemption so the operator doesn't have to wear an apron?	Vermont - Viewed a demonstration of the shield. Noted a crack between two panels of the shield, which the demonstrator said, "There's no way for scatter to make it through." Vermont/Amy did a survey at 6ft and noted 2.5mR/hr. Texas - Allowed an exemption for a facility, but the physicist provided proof that the shield meets or exceeds Texas regulations. New Jersey - Allowed an exemption for using the whole-body shield for the operator, but everyone else in the room not protected by the shield must wear a protective apron.	2024 11	Shielding

Topic	State Responses	Meeting Date	Cross Reference
NV would like to submit the following regarding stored radiation producing machines (RPMs):	Which states track stored RPM machines? CO, MO, FL, ID, UT, VA, HI, NJ, PA do track these WI, TX, AL, NC, CA, MN, IL, NB, only if operable NH, CT, inoperable and tagged out of service SC tracks each facility's RPM's. If they are not in operation, we have an option to make them inoperative. What is the purpose and process for tracking stored RPM machines? Are violations given if an inoperable RPM is found during an inspection and the registrant states it is in storage but has not notified your program? Do you require the registrant to attestor confirm the location of their stored RPM at a particular time interval (i.e., every one, two or three years)? IL, NV, yearly ID, NC, UT, VA it depends on inspection frequency HI checks on them when they do the licensing MO every 2 years What type of stored RPMs are tracked? All types of ionizing units	2023 09	Stored Devices

Topic	State Responses	Meeting Date	Cross Reference
A university is looking at a program where a researcher will be building/assembling an accelerator/radiation machine for non-human use. No radioactive material will be created during use. Have other states approved facilities to build a radiation machine for research purposes. Did the researcher have to register as a "service company" or similar entity since he/she will be assembling the unit? Are there any similar instances in your state and if so which state?	Colorado has a researcher wants to assemble an accelerator and they are not sure how they should be licensed as vendor or researcher. NC has some that have nonhuman or human use. They have a guidance doc as long as in testing phase. After that they need to register. Hawaii has a researcher with an electron laser that have listed as a radiation facility license with conditions. Idaho has a classification of license that covers universities which allows for research. SC also does the same thing.	2019 11	Research, Therapy
For the SRT skin therapies, what training is required for the dermatologists to be an authorized user? Do you specially list them on the registration or license? And do you require them to be physically on-site during treatment, or can an APRN or PA cover for them?	NC, AL, HI and ID currently have no specific rules for SRT but still have to be registered under the general rules for radiation. SC requires a licensed practitioner and must be trained on the unit being used. VA wrote an exemption for this type of machine that is specific for a certain manufacturer that required training of practitioner and retraining annually. OH requires radiation oncologist. FL follows manufacturers recommendations. AZ changed statutes to allow for these types of machines.	2019 11	Therapy
KS asked about proton therapy and how some of the states regulate this.	Melissa and others have been working on a white paper regarding proton therapy. Per Melissa, it is generally determined by the facility RSO.	2019 11	Therapy
It was asked if any states have had issues with SkinCure who leases equipment to dermatologists. They are not following through on training procedures said they would.	No one has had any experience with them.	2019 12	Therapy
For external beam therapy units < 150 kV in dermatology offices, who is allowed to operate these?	Only licensed dermatologist with training can operate unit in CA, SC, TX, and IL PA can operate the machine with training MN, ID, NC does not have a specific regulation HI - Certified Radiation Therapists or physicians licensed to practice medicine. The licensee shall utilize the services of a physician who is board-certified in radiology, therapeutic radiology, or radiation oncology, to determine proper patient selection and treatment planning.	2020 02	Therapy
Regarding proton therapy, what states have it, how is it regulated and inspected?	TX, AZ, CA and NJ rules don't address them specifically, look at QA/QC CA does see a problem with the activation of the shielding material. They question how and where is it stored? NH, ID - none	2020 03	Therapy
VA wanted to know how the states are handling LINAC installations in veterinary facilities.	WI and IL does regulate them and have a couple in the state; For all vet applications – states are more concerned about operator protection, shielding appropriate, physicist involved; FI has a similar situation, most volunteered to be under accelerator license.	2020 10	Therapy, Veterinary
Do any state have explicit regulations for cyberknife, tomotherapy, halcyon, or if any guidance on the MR training component of an MR-linac or MR-cobalt?	NO - WI, ID, YES FL requires manufacturer training. HI has gamma knife but they are a nonagreement state, so it is regulated by the NRC CA had a problem with a medical physicist operating a cyber knife.	2021 02	Therapy
SC how many states are seeing electronic brachy therapy units	WI, FL, NJ, SC	2021 02	Therapy, Shielding
How are states addressing a therapy facility using their on-board imaging CT as a fluoro simulator. The suggested state regulations say fluoro simulators used in therapy are exempt from several fluoro rules. Are other states applying or allowing this exemption to apply to OBI CTs being used for fluoro mode? Is this a new feature for OBI CTs? I have heard that certain procedures with the fluoro are actually more useful to the treatment providers (techs, MP and oncologist) than other modalities.	Per Melissa Martin- this has been around for 3 – 5 years, it is not a simple change in CT. An equipment package must be added that can be expensive. Most applications are done in an academic setting. If these are encountered during inspection, ask about QC requirements and if they are performing them. CA has seen these and this use is approved.	2021 04	Therapy, CT, Fluoroscopy
What are states requiring of dermatologists that operate SRT systems?	CA (requires state certificate), WI, UT (certificate and physics testing) licensed dermatologist and training on machine. VT requires a professional medical license before using ionizing radiation on patients. AK 8 hours training on specific items and 15 hours observation NC, VA Training on unit on follow manufacturers' QC requirements. OH does not allow.	2021 06	Therapy
Have any of the states seen plastic surgeons using SRT?	None of the states have seen this.	2021 06	Therapy
CO mentioned the new ZAP X unit has the control panel in the room. This is a self-contained therapy unit.	CA has seen the unit and feels like there shouldn't be a problem. They are very large and have a lot of shielding. For more information: <a href="https://zapsurgical.com/">https://zapsurgical.com/</a>	2021 07	Therapy
SC has a dermatologist that wants Xofiga the operator in the room during superficial therapy treatments. Xofiga has requested a variance.	WI would treat it as a variance Melissa says scatter survey and a workload evaluation should be done before a variance is granted. Melissa has not done a shielding calculation with anyone in the room. Keep in mind the salespeople always say everyone else has approved it. NH doesn't allow them in room but they only have electronic brachytherapy at this point. Sites can do a variance as long as they can prove it safe and it is up to the manufacturer to bring proof that it is safe. For brachytherapy in WI physicist has to be available. IL allows any licensed physician to operate a therapy unit. WA has seen a Xofiga unit use a control panel in the room behind an acrylic shield.	2021 11	Therapy, Operator
Arkansas is interested to see what other states are doing in special registration and/or licensing requirements for Cyberknife facilities. Also, they would be interested in what others have encountered with Cyberknife use.	FL, WI, ID, SC treated like any other external beam unit. Per Melissa Martin, in her job they are treated just like any other external beam therapy unit. NH same has a special unit for shielding for accelerator type facilities.	2022 01	Therapy
Do any of the states with high energy linear accelerators go out to perform neutron surveys and monitor during inspections.	FL, CA, ID no, rely on physicists.	2022 01	Therapy
SC asked about Xofiga unit that allows the operator in the room. The difference between superficial electronic brachytherapy (source is in contact with the body) vs superficial radiation treatments (SID 30 – 50 cm) external type treatment. Units that allow users to remain in the room.	Richard Martin richard@aapm.org at AAPM has helped states keep these out and require radiation oncologist to use. SRT 100 wants to be used as superficial therapy, not brachytherapy derms want to use it.	2022 02	Therapy
Sensus Healthcare is planning to start selling Superficial Radiation Therapy (SRT) machines in the State of Hawaii. Has anyone in other states seen this SRT machine, and what rules and regulations have for these machines? I have attached a copy of our SRT license conditions. Does CRCPD have a suggested state regulation on this low energy type of unit? Sensus Healthcare seems to have many questions about physicians being board certified. Is there a reason why?	There is currently a committee looking into this. IL register them as therapy, and they fall under those regulations. LA requires a licensed therapy tech. Physicians, NPs and PAs are also allowed to use these as "licensed providers" in some states. LA would not allow NPs or PAs to run it. SC makes the dermatologists partner with an oncologist and use an RTT .	2022 04	Therapy
Arkansas would like to know what other states do when facilities replace Medical Particle Accelerators. Do they have a decommission process?	FL doesn't have a decommission process unless it has high enough energies 16 MeV or higher they have measured the materials and make them license. Texas asks if they have survey for activation. If they have activated parts, they then follow the process Clark described.	2022 07	Therapy
Are there any states that do not require board certification (i.e. ABR, AOB, etc.) for physicians that prescribe and oversee the use of radiation therapy equipment, including superficial radiation therapy systems? SC is asking because they have an exemption process for dermatologists but has a family physician that wants to use it.	NO - ID, CA has an exemption for dermatologists, Angela in AR states they have rules similar to part X for certified physician, must meet training route, registrant using less than 500 kV of EBT can submit training and experience on a case by case basis, and training must also include dosimeter calculations. Perhaps use part X as a template for this or substantially equivalent. Follow-up question: How are states handling physicians (family practice, ENT, dermatologist) that request to prescribe and oversee the use of SRT units that do not meet board certification requirements? No answer to this How would states handle this if other Melissa - What kind of training documentation is provided? No specific training documentation has been provided except for attestation from a rotation many years ago. What type of training do dermatologists go through? Some manufacturers have offered 8 hours of training. But is that really enough? What states have regulations on training for dermatologists to use therapy in the office. SC mimics the SSRs part X except for that last paragraph. "Notwithstanding the requirements of X.3c.i. and X.3c.ii., the registrant for any therapeutic radiation machine subject to X.6 may also submit the training of the prospective authorized user physician for Agency review on a case-by-case basis." And they have added the "substantially equivalent" phrase	2022 08	Therapy

WI asks what the states are doing for proton therapy	Melissa said they need a license to store activation products and AP and safety surveys. It is important to work with the physicist on these. Kate noted that inventory is also required. WA has RAM license for proton therapy. AL and KS license for activation products. There is a CRCPD white paper with a checklist on proton therapy.	2022 10	Therapy
From Colorado - I am curious if states issue a citation when a therapy facility reports a medical event. What does your state do in these cases?	NC will conduct an unannounced investigation and issue noncompliance if necessary. WI, IL, IA (RAMS program handles) will also do an investigation. Has anyone thought of adjusting verbiage for SBRT and SRS? This has been discussed in SSR Part X working group but hasn't been changed. TX has had experience with it. If you have questions, get in touch with Lisa Bruedigan. PA definition (25 PA 219.3): Medical reportable event for radiation-producing machine therapy—The administration to a human being, except for an administration resulting from a direct intervention of a patient that could not have been reasonably prevented by the licensee or registrant, that results in one of the following: (i) An administration of a therapeutic radiation dose to the wrong individual, wrong treatment site or using a treatment delivery intended for another individual. (ii) An administration of a dose for therapy identified in a written directive that differs from the prescribed dose for the treatment site or any other organ from the intended prescribed dose, by one of the following: (A) More than 20% of the total prescribed dose. (B) Exceeds 30% of the weekly prescribed dose. (C) Exceeds 50% of a single fraction dose of a multifraction plan. WI, AL is the same	2023 11	Therapy, Medical Events
Do other States currently require technologist certification in both Radiation Therapy and CT to operate CT Simulators?	Therapists can only perform for simulation, not diagnostic didn't catch the state AK, CA allows therapy techs to operate CT simulators but not for diagnostic procedures.	2023 11	Operator, CT, Therapy
1)WA State had a medical physicist ask about Konica Minolta's Dynamic Digital Radiography (DDR) that produces not only static images but also pulsed individual digital x-ray images (cineradiography) in a single series of cine-like loop from an interested chiropractor. They had a meeting with Konica Minolta and they shared it is not fluoroscopy (see K199225 below). For a standard xray shooting a lateral flexion/extension 3 series image (typically ~ 1R total) would be ~ 3R total patient exposure with the DDR using a technique of 95kVp, 8 mAs/frame, at 6fps for approximately 10 seconds with better resolution than fluoroscopy. The unit is capable of up to 20 seconds maximum and with a maximum of 300 images acquired at either 6 fps or 15 fps. Per Konica, there are around 30-35 in the US. Its bigger market is pulmonary and thoracic use but capable of extremities, chest, skull, abdomen, spine, etc. They have been recently approved for mobile installation as well. Are any other states seeing these? Is there a committee looking into these? How do you regulate them, more on the restrictive fluoroscopy side or from a standard x-ray side (i.e. a patient safety standpoint and who can take images)? Their regulations need to be updated and they are looking for assistance.	Dave Hintenlang's facility has been looking into the Oxos Micro C. This is a handheld unit that utilizes similar technology. This unit only allows imaging when imaging plate is lined up with the device. The maximum kVp is 60 kVp. SC has also seen the Oxos. They issued a memorandum for guidelines of use which are requirements. They have discussed the Oxos with the FDA who says it's an imaging unit not fluoro. Fluoroscopy is defined in SSR Part F NC has the same understanding that it's not supposed to replace standard rad unit.  WA says Konica states that there are 35 in US currently. They are concerned about the high dosage level. It's a stationary unit that can be retrofitted and software added. Dave states that in Ohio, the definitions could be interpreted as being a fluoro unit. Angela M asked does your rule/regulations give you the ability to add terms/conditions to your x-ray registrations to regulate new uses?  Bill asked if these are using image intensifiers? No, digital reconstruction is used. WA states you only see a preview image and you don't see the final image until after the imaging has ended. Likewise, you can't see the entire motion until after. They do have a preset time with a dead-man switch. These types of images do have a higher resolution image than fluoro. Lisa thinks the use of is something the CRCPD should look into.	2022 11	Digital Imaging
5)From Colorado - I am curious if states issue a citation when a therapy facility reports a medical event. What does your state do in these cases?	NC will conduct an unannounced investigation and issue noncompliance if necessary.  WI, IL, IA (RAMS program handles) will also do an investigation.  Has anyone thought of adjusting verbiage for SBRT and SRS? This has been discussed in SSR Part X working group but hasn't been changed. TX has had experience with it. If you have questions, get in touch with Lisa Bruedigan.  PA definition (25 PA 219.3): Medical reportable event for radiation-producing machine therapy—The administration to a human being, except for an administration resulting from a direct intervention of a patient that could not have been reasonably prevented by the licensee or registrant, that results in one of the following: (i) An administration of a therapeutic radiation dose to the wrong individual, wrong treatment site or using a treatment delivery intended for another individual. (ii) An administration of a dose for therapy identified in a written directive that differs from the prescribed dose for the treatment site or any other organ from the intended prescribed dose, by one of the following: (A) More than 20% of the total prescribed dose. (B) Exceeds 30% of the weekly prescribed dose. (C) Exceeds 50% of a single fraction dose of a multifraction plan. WI, AL is the same	2023	Therapy, Medical Events
Do other States currently require technologist certification in both Radiation Therapy and CT to operate CT Simulators?	Therapists can only perform for simulation, not diagnostic didn't catch the state AK, CA allows therapy techs to operate CT simulators but not for diagnostic procedures.	2023 11	Operator, CT, Therapy

Topic	State Responses	Meeting Date	Cross Reference
Does anyone have a training program/protocol for new x-ray inspectors they use?	CA, ID, NJ have a procedure plan for training. WI is on the job medical x-ray training. When possible, they like to send employees to a National Guard course in TX. AL uses inspection training journal and on the job activities. NC has training package with mentorship and required check offs. It was mentioned the CRCPD has subcommittee looking into this.	2021 07	Training
Utah is wondering if anyone has a list of training courses for new inspectors?	There is military training program at Fort Sam Houston but it is only offered once a year and it is hard to get into. Texas has a step-by-step training manual and is willing to share. Contact Lisa if you are interested: <a href="mailto:lisa.brueidigan@dhs.texas.gov">lisa.brueidigan@dhs.texas.gov</a> G-55 is a CRCPD working group that is focusing on training. If you are interested in participating in this group, you can contact Matthew at <a href="mailto:Matthew.Millard@idph.iowa.gov">Matthew.Millard@idph.iowa.gov</a> .	2022 10	Training
Arizona is asking if any states have or are able to recommend an x-ray inspection manual to be used as a training tool and reference for new inspectors. They're interested in both healing arts as well as industrial inspection manual(s).	Texas has a training manual that they are willing to share. This is also a goal of working group G-55	2022 10	Training
What is everyone doing for training, and how long does it take?	WI has on-the-job training and uses 2 textbooks. They also go over the code in sections and the trainee has to answer questions. HI does something similar, but they start with dental inspections and move on to other modalities as they become proficient. Their training is also based on the former FDA level 2 inspection training. NH does on the job training as well as shadowing seasoned inspectors. In general, it takes approximately 3 years to fully train and inspector. This will vary based on background and learning ability. Background requirements vary by state: HI requires a BS in a hard science, WI requires a hard science or radiologic technologist background, KS requires ARRT. NJ and SC also start with dental. Once they are qualified in a modality, they can go out alone while they learn other modalities.	2022 10	Training

Topic	State Responses	Meeting Date	Cross Reference
NH wanted to know if some states have lower HVL regulations for veterinary equipment.	HI, TX, WA, WI and KS have different requirements for testing vet equip does, 2.3 mm @ 80 kVp MN, ID holds to same standards.	2020 01	Machine Testing, Veterinary
Do any of the states have a limit to the number of Registrations and/or sites that one RSO can serve? This refers to chains such as Aspen Dental and Banfield Veterinary Clinics.	ND – ID, SC, NE, NJ, WI TX and NC have had issues with chains regarding radiation safety. ID chains would be addressed as a group. We haven't had any issues with these groups. CA may address as a group, but it would address as an individual if they were going against company policy.	2020 05	Registration, Dental, Veterinary
VA wanted to know how the states are handling LINAC installations in veterinary facilities.	WI and IL does regulate them and have a couple in the state; For all vet applications – states are more concerned about operator protection, shielding appropriate, physicist involved; FI has a similar situation, most volunteered to be under accelerator license.	2020 10	Therapy, Veterinary
How do other states handle large animal vets who need to hold the x-ray machine and the image receptor?	NH, and NC require they try to use a mechanical holding device. If something needs to be held it can't be the same person all the time. It is preferable to have animal's owner hold with lead and out of the beam and it must be documented. WI, ID, HI is the same but without documentation. WA, AL is the same but with eyewear and gloves.	2021 05	Veterinary
Dental handheld in veterinary facilities.	ID, NJ doesn't regulate as much since it's not for human use. WI regulates for operators and backscatter shield, but they are finding that the operators don't always stand behind backscatter shield. VT has the regulations for human and non-human.	2021 07	Hand Held Devices, Veterinary
AL asked about the shielding for the VetCAT CBCT being used on animals. Has anyone else seen these? It is being promoted as "self-shielded" with 10 mR per scan 1 meter away.	WI has something similar and the facility had to shield 2 walls.	2021 11	CBCT, Shielding, Veterinary
NE is asking about VetTom CT	- WI same as any CT - VA is in process of developing regulations. Tom Verdicchio is currently working on them - HI requires shielding plan but the unit itself is subject to veterinary xray regulations.	2021 12	CBCT, CT, Veterinary
What rules do states have on CT units in veterinary offices?	WI, NH, ID treated like a CT unit, but the user doesn't need to ARRT just trained. PA does not have regulations specific to veterinary CTs. KS requires all calibration, maintenance and QC listed in the user's manual to be followed for veterinary CT scanners. AK - Any CT unit must follow quality assurance of the device and of the image, regardless medical or veterinary. Operators in AK don't need license but the operator must have training.	2023 04	CT, Veterinary
MN just received an inquiry on the Adaptix portable veterinary X-ray digital tomosynthesis system. Does anyone have or allow its use in their state?	UT, ID, CO, NE just received information on this UT will require an exemption ID adopted the CRCPD SSRs and the term "Dead Man Switch" was deleted from Section F. We require a method to terminate exposure. NE requires a dead man switch so it doesn't meet requirements MN doesn't have requirements against this. TX also requires the deadman switch and they don't allow for exemptions	2023 09	Portable/Mobile, Veterinary
From Arkansas - Adaptix Limited's x-ray system design does not incorporate a dead switch. Do you-all have ANY insight as to how your organizations may have addressed the fact that a dead man switch is not part of their x-ray system design?	It would not be authorized in TX if it did not have a means to terminate the exposure.	2023 11	Medical, Dental, Veterinary
NH does backscatter on hand-held device Genoray X-Ray To Go have to be in place during use at a veterinary clinic?	CO will allow individuals using a handheld dental unit to not wear an apron if there is a scatter shield in place on the unit. MN requires a variance for vet use and requires shield. NE, NJ, VA, ID requires backscatter shield at distal end, 0.25 lead equivalent. KS requires that handheld x-ray equipment must have a backscatter shield. The operator must also wear a lead apron and thyroid collar. KS does not allow the Genoray handheld unit. CA requires permanently installed backscatter shield. AK requires the scatter shield and protective garments. AL backscatter shield is required by the conditions of the waiver signed by registrant	2023 08	Hand Held Devices, Shielding, Veterinary