

# X-ray Unit Variance Request Form

## X-ray Unit Approved Form

Variance requests must be granted from the Minnesota Department of Health (MDH) prior to implementation. To expedite the process, all items in this Variance Request must be completed. Incomplete requests will not be reviewed and returned to the registrant. Please follow the instructions at the end of the request.

### Variance Status

New

Renewal

### Facility Type

Facility Type: Please choose one

### Registrant

Facility Name:

Registration Number:

Business Address:

City:

State:

Zip:

### Variance Responsible Individual

Name:

Title:

Phone Number:

Email:

### Administrator

Name:

Title:

Phone Number:

Email:

### Radiation Safety Officer

Name:

Title:

Phone Number:

Email:

## Required Documentation

Per [Minnesota Rules, Chapter 4717.7000, subpart 2](#), a Variance Request must contain the items below. If the variance request is incomplete, the request will be returned to the registrant for resubmission. Attach additional documentation if more space is needed.

1. The specific language in the rule or rules from which the variance is requested.
2. The reasons why the rule cannot be met. Include supporting documentation.
3. The alternative measures that will be taken to assure a comparable degree of protection to health or the environment if a variance is granted. Include supporting documentation.
4. A statement that the party requesting the variance will comply with the terms of the variance, if granted.
5. Other relevant information the commissioner determines necessary. Relevant information that would assist the reviewer with the review process may be requested.

**Administrator Signature**

\_\_\_\_\_

Date \_\_\_\_\_

**Radiation Safety Officer Signature**

\_\_\_\_\_

Date \_\_\_\_\_

## Instructions for completing a Variance Request

### Registrant

The registrant name, registration number and business address of the registrant submitting the variance request. A variance request must be submitted by the registrant and may not be submitted by another entity on their behalf. Variances will not be granted for facilities that are not registered. Separate variance request forms must be submitted for each registered facility.

### Required Documentation

Submit required documentation outlined in [Minnesota Rules, Chapter 4717.7000, subpart 2](#). Variance requests will not be granted without the required documentation.

If the Variance request pertains to the x-ray equipment, you must provide additional documentation that includes:

1. Calibration or performance evaluation reports
2. Manufacturer, model and serial number of the x-ray equipment

The Commissioner may request additional information relevant to the Variance Request. Submit any additional, relevant information with the Variance Request that would assist the reviewer with the review process. This should include radiation safety/quality assurance procedures, diagrams or other documents that indicate the location and use of the x-ray equipment.

### Signatures

The variance request must be signed by the registrant administrator and radiation safety officer.

07/24/18

Minnesota Department of Health

[health.xray@state.mn.us](mailto:health.xray@state.mn.us)

[www.health.state.mn.us/xray](http://www.health.state.mn.us/xray)