

**UTAH DIVISION OF WASTE MANAGEMENT
AND RADIATION CONTROL
QUALIFIED EXPERT
REGISTRATION APPLICATION FORM**

In accordance with Utah Code Annotated 1953, as amended, Section 19-3-104 provides that the Radiation Control Board shall by rule authorize independent qualified experts to conduct inspections of X-ray facilities and shall establish qualifications and certification procedures necessary to conduct these inspections. Pursuant to R313-16-293, an individual seeking registration as a qualified expert shall complete and submit this application form.

Part 1: Personal Data

Name: _____ Phone: () _____
Address: _____ FAX: () _____

_____ Email: _____

Part 2: Education and Experience

List degree(s) earned. Submit a copy of any degrees you have earned and label them EXHIBIT A.

<u>Field</u>	<u>Degree</u>	<u>Institution</u>	<u>Date Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your full-time paid professional, directly related work experience.

Part 3: Attestation

Indicate your acceptance of each of the attestation elements by writing your initials in the column below (see R313-16-293).

Attestation Elements	Initials
I have read and I understand the requirements in the Utah Radiation Control Rules.	
I will inspect items defined by the Director and I will document the results on forms prescribed by the Executive Secretary.	
I will follow the guidelines for the evaluation of X-ray units defined by the Director.	
I will limit my inspections of facilities such that I will not be involved in a direct conflict of interest.	
I will assure that any radiation exposure measurements and peak tube potential measurements will be made with instruments which have been calibrated biennially by the manufacturer of the instrument or by a calibration laboratory accredited in X-ray calibration procedures by the American Association of Physicians in Medicine, American Association for Laboratory Accreditation, Conference of Radiation Control Program Directors, Health Physics Society or the National Voluntary Laboratory Accreditation Program.	
I will assure that the calibration of radiation exposure measuring and peak tube potential measuring instruments used to evaluate compliance of X-ray systems with the requirements of these rules will include at least secondary level traceability to a National Institute of Standards and Technology, or similar international agency, transfer standard instrument or transfer standard source.	
Upon request, I will make available to representatives of the Director documents concerning the calibration of any radiation exposure measuring and peak tube potential measuring instruments I use to evaluate compliance of X-ray systems.	
I will submit or I will instruct the registrant to submit to the Director, within 30 business days after completion of an inspection, a written report of compliance or noncompliance.	
I will assure that reports of a noncompliance will include: name of the facility inspected; inspection date; manufacturer model number and serial number or Utah identification number of the control unit for the radiation machine; the requirements of the rule where compliance was not achieved; the manner in which the facility or radiation machine failed to meet the requirements; and a signed commitment from the registrant of the facility that the problem will be fixed within 30 days of the date the written report of a noncompliance is submitted to the Executive Secretary.	
I will submit my inspection reports with my signature acknowledging that all information contained in the report is truthful, accurate, and complete. I realize that if this is not the case, then I may be subject to enforcement actions.	
I recognize and acknowledge that I am subject to the provisions of R313-16-300.	

Part 4: List of Registered Qualified Experts

A list of registered qualified experts will be made available to owners of X-ray systems and to the public upon request. If your application is approved, do you wish to have your name appear on such a list? YES NO

Part 5: Signature

I certify that the information provided with this application is true and accurate. I am aware that any false statements and/or information may result in the denial of this application, the revocation of my registration and other penalties.

Signature	Date
-----------	------

Mail completed application and support documents to:

Director
Utah Division of Waste Management and Radiation Control
195 North 1950 West
P.O. Box 144880
Salt Lake City, UT 84114-4880