Basic Facility Information and Assumptions to be used for Shielding Evaluation

Please complete the following information. It is important that this information be as complete as possible. All assumptions and values used in the final shielding report will be based on your responses here. By signing the bottom, you are acknowledging that this information accurately reflects your facility and the activities for which the shielding is being performed. Attach additional pages as necessary.

1. Make and Model of X-ray equipment: _____

   _____

2. Maximum Energy Output (kVp and mA/mAs): _____

3. Type(s) of use for which this machine will be used: _____

   _____

4. Technique Factors: (List the kVp and mAs for those techniques used) _____

   _____

   _____

5. Workload: (How long per each "run"? How many "runs" per day/week, etc?) ___

   _____

   _____

6. Facility plans (attach plans)
   a. Normal location and orientation of equipment
   b. Location of operator's booth/control panel
   c. Structural composition and thickness of existing walls, doors, partitions, floor, and ceiling of the rooms concerned
   d. Room dimensions, include ceiling (is there an occupied level above or below the room? roof access?)
   e. Location of emergency shut-off buttons, facility maze, and other applicable radiation safety information
7. Adjacent Areas
   a. Type of occupancy in adjacent areas (lavatory, office, sidewalk, etc)
   b. For exterior walls, show distance to occupied areas (i.e, distance from wall to sidewalk/sitting area/parking lot, etc).

_____

Signature Print Name Date

Attachments: (_____total pages) _____