

Radiation Shielding Design Request Form

Interventional Radiology Room

Contact Information

Facility Name	_____	Room ID or Number	_____
Street Address	_____	State	_____
City	_____	Zip Code	_____
First Name	_____	Last Name	_____
Title	_____	Company	_____
Email	_____	Phone	_____

Equipment Information and Workload

Manufacturer	_____	Model	_____
Estimated Maximum # of Fluoroscopic Patients Per Week	_____	Maximum kVp	_____
Average Fluoroscopy Time Per Exam	_____		

Construction Information

Construction Type	<input type="checkbox"/> New Construction	Is There a Previous or Existing	<input type="checkbox"/> Yes
	<input type="checkbox"/> Remodel of Existing Building	Shielding Design For This Space?	<input type="checkbox"/> No
	<input type="checkbox"/> Remodel of Existing Shielded Rm		
	<input type="checkbox"/> Equipment Replacement	Is This a Multiple Story Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Other _____	*If YES, please answer the additional questions below.	

Which Floor Is the Room On?	_____	What Is The Floor to Floor Height?	_____
What Is The Floor / Ceiling Building Material?	_____		
What Is The Floor / Ceiling Building Thickness?	_____		
Are There Occupied Spaces Above or Below?	<input type="checkbox"/> Above <input type="checkbox"/> Below <input type="checkbox"/> Both		
What Is Above or Below?	_____		

Describe the areas that are on the opposite sides of each wall (ie: office space, work areas, hallways, bathrooms, etc.)

All walls are assumed to contain standard gypsum wallboard with a total thickness of 1.25". If additional materials are known to be present, please list known compositions and thicknesses (ie: 0.79 mm of lead, 8 inches of concrete).

Comments

Please include a scale (1/4") drawing of the room in PDF format. The drawing should include the placement and orientation of equipment as well as surrounding spaces.

Please submit this form to info@olympichp.com. For questions, call 253.254.6988.