

Radiation Shielding Design Request Form

PET / CT 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	_____
PET Component	_____	How Many Days Per Week Will PET Operate?	_____
Est. Maximum # of PET Patients Per Week	_____	Average Injected Activity (mCi)	_____
Primary PET Radioisotope <input type="checkbox"/> F-18 <input type="checkbox"/> Other	_____	Average Scan Time (min)	_____
Average Incubation Time (min)	_____	CT Component	_____
Number of Slices for CT Scanner	_____	Maximum kVp	_____
Est. Maximum # of CT HEAD Studies Per Week	_____	Est. Maximum # of CT BODY Studies Per Week	_____
Type of CT Use <input type="checkbox"/> Diagnostic CT <input type="checkbox"/> PET/CT <input type="checkbox"/> Veterinary CT <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> SPECT/CT <input type="checkbox"/> Other	_____	% of CT Procedures Using Contrast	_____

*Please Upload The Manufacturer Isodose Maps in PDF Format (If Available).

Construction Information

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

