

Radiation Shielding Design Request Form

Radiographic 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 Radiographic Patients Per Week _____ **Maximum kVp** _____

Will a Chest Bucky or Table Bucky Be Installed? Chest Table Both **If both, indicate % of time used below**

Imaging Type CR DR Film **Chest bucky** _____ % **Table bucky** _____ %

Construction Information

Construction Type New Construction Remodel of Existing Building Remodel of Existing Shielded Rm Equipment Replacement Other _____

Is There a Previous or Existing Shielding Design For This Space? Yes No

Is This a Multiple Story Building? Yes No

**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? Above Below 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 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.