

# Medical Physics Center Shielding Request Questionnaire

(please fill out and return to us for any and all requests, thank you)

Name of Facility: \_\_\_\_\_ Room#: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Contact person(s): \_\_\_\_\_ Email: \_\_\_\_\_ ph#: \_\_\_\_\_

Contact person(s): \_\_\_\_\_ Email: \_\_\_\_\_ ph#: \_\_\_\_\_

## Type of Shielding requested;

Radiographic unit: \_\_\_\_\_ # of tubes: \_\_\_\_\_

Rad/Fluoro: \_\_\_\_\_ # of tubes: \_\_\_\_\_

Cardiac/Angio: \_\_\_\_\_ # of tubes: \_\_\_\_\_

Mammography/DBT: \_\_\_\_\_

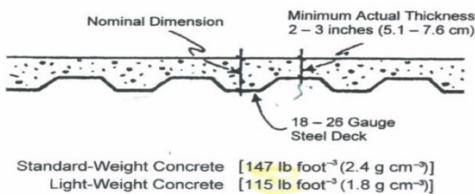
Fluoro unit: \_\_\_\_\_ # of tubes: \_\_\_\_\_

CT (Computed Tomography): \_\_\_\_\_

Equipment manufacturer: \_\_\_\_\_ Name of x-ray unit: \_\_\_\_\_

## PHYSICAL LOCATION:

1. Is this room in a single story building? \_\_\_\_\_
2. If not, what floor is the room on? \_\_\_\_\_
3. Are there rooms above and/or below this room? What are they used for (need this for the occupancy factors)? Need ¼" Drawings of the Floor below and above (with rooms identified are above or below) \_\_\_\_\_  
\_\_\_\_\_
4. What is the floor to floor distance above/below this room? \_\_\_\_\_
5. What is the construction of the floor/ceiling? Concrete? What is the minimum and maximum concrete thickness? Concrete poured in a steel floor pan? (floorplans are usually a "corrugated design" that will match the concrete in which there is a 2-3" difference between the minimum and maximum height of the steel pan; e.g. 3.5" - 6" concrete poured in an 18 ga. 3.5" steel floor pan means that the steel pan corrugation is 3.5" deep--so the concrete is 3.5" thick poured to the top of the steel pan with a 2.5" additional layer on top of that to give a max thickness of 3.5" + 2.5" = 6".) \_\_\_\_\_



6. Do you have a 1/4" scaled plan (PDF - NOT CAD) for this room? Do you have an overall plan so we can see what rooms are around this x-ray room? \_\_\_\_\_
7. All Rooms should have a number and use, e.g. Room 105 – Office. This enables an accurate description of each Barrier. An indication of N direction. \_\_\_\_\_

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**PATIENT LOAD:**

1. How many patient studies do you plan to do per day? (Very important--used for all shielding calcs)

\_\_\_\_\_

2. For X-ray Units: What are the typical technique factors for the x-ray unit, if available?  
(kVp; mA, time, # of exposures) \_\_\_\_\_

3. For CT scanners: How many rotations will you do per patient? What is the typical slice thickness and # of slices per rotation? \_\_\_\_\_

4. For Fluoro units: How many minutes of fluoro per patient? Average mA for the study? Average kV for the study? \_\_\_\_\_