

## INFORMATION REQUIRED FOR PLAN REVIEW FOR RADIATION SHIELDING

Please complete this form and return it for review to:

Iowa Department of Public Health  
 Bureau of Radiological Health  
 Lucas State Office Bldg, 5<sup>th</sup> Fl, 321 East 12<sup>th</sup> Street  
 Des Moines, Iowa, 50319  
 Or FAX: 515-281-4529

Based on the information submitted, the IDPH will provide an evaluation and verification that the shielding meets standards. For questions, please call: (515) 281-0415.

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact for questions about this information: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this a new facility or remodeling of an existing facility or replacing equipment in an existing room?  New  Remodeling  Replacing

Workload: Type of exams performed and the number of exposures taken per exam.

Example: Full-spine/3 exposure; Intraoral/4 exposures

	Type of exam	Number of exposures per exam	Average Number of exams per week	Average mA	Average kVp	Average time
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

<b>Composition:</b> (sheet rock, lead, brick, cement block, etc.)	<b>Thickness</b> in inches
Composition of wall A?	wall A?
Composition of wall B?	wall B?
Composition of wall C?	wall C?
Composition of wall D?	wall D?
Composition of operator barrier (if applicable)?	Operator barrier?
Composition of the floor?	Floor?
Composition of the ceiling?	Ceiling?

### Dimensions

Distance from wall A to wall C:

Distance from wall B to wall D:

**What or who is on the other side of the wall.** If it is an exterior wall, state the distance to where a person is most likely to be present. For an interior wall, state the number of persons and frequency of use for each adjacent area.

Wall A?

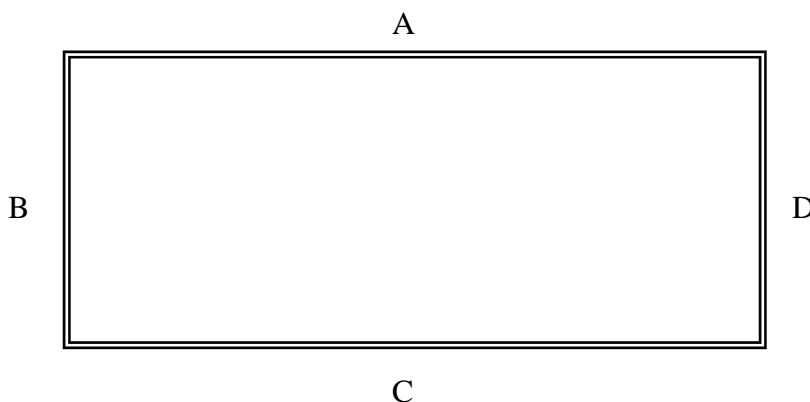
Wall B?

Wall C?

Wall D?

Floor?

Ceiling?



Show all doors and windows on the above drawing.

Show the position of the operator or operator's booth.

Show the location of the x-ray control panel.

Show the general direction (s) of the useful beam.

**ALL ITEMS IN THESE TWO PAGES MUST BE COMPLETED IN ORDER FOR IDPH TO MAKE A VALID EVALUATION.** Thank you for your cooperation. (1/03)