CBCT + X-Ray Room Shielding Intake Form

Name and Address of Facility Being Shielded:

Facility Name:		**Room ID:**	
Practitioner:		**Contact:**	
Address:		**Phone:**	
City/State/Zip:		**E-mail:**	

X-Ray System Information:

What is the expected number of patients to be imaged per week?			
What is the average number of exposures per patient?			
What type of system will be installed (make/model)?			
Average Techniques Used	kVP:	mA:	Time:

Please provide a scatter plot for your system from your x-ray dealer.

Room Layout:

1. Are the **walls** of the x-ray room all standard gypsum wallboard construction? □ Yes □ No

   If no, please specify the composition and thickness (i.e. 6-inch concrete) and indicate on the floorplan which walls contain the materials.

2. Are any walls **exterior** walls? □ Yes □ No

   If yes, please list the exterior wall composition and thickness (i.e. 6-inch bricks):

3. Has this room ever been used for x-ray? □ Yes □ No

   If yes, please include information on the previous lead shielding (i.e. As-built floor plans, previous shield design, or core samples).

4. Is there occupied space **above or below** the room? □ Yes □ No

   Select no if this is a single-story building, and leave the following blank.

If the space **above** the x-ray room is occupied, please provide:

Description of how the space above is used	
Floor-to-floor distance (floor of the x-ray room to the floor of the room above)	
Ceiling composition and thickness (i.e. 3 inches of concrete)	

If the space **below** the x-ray room is occupied, please provide:

Description of how the space below is used	
Floor-to-floor distance (floor of the x-ray room to the floor of the room below)	
Floor composition and thickness (i.e. 3 inches of concrete)	

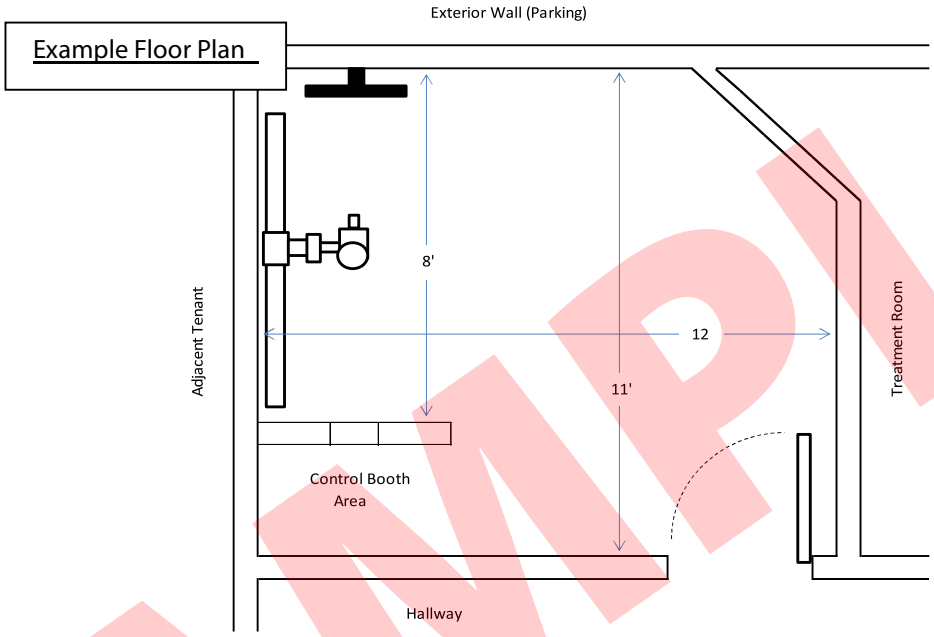
SAMPLE

5. Please attach a drawing (on a separate page) of the room that includes ***all*** of the following elements ***(Please see example X-Ray room floor plan below.)***:

    a. Room dimensions (length and width of the room).

    b. Equipment layout (where the equipment will be located in the room)

    c. Surrounding areas (please show on the floor plan the areas beyond all the adjacent walls of the x-ray room and label how they will be used – i.e. hallway, office, parking lot, landscaping, etc.). For any exterior walls, please note the distance to the closest building, and describe what is between the two exterior walls (i.e. 12 ft to building; 7 ft landscaping, then 5 ft sidewalk) ***Please note that accurate occupancy information is very important for ensuring individuals do not receive doses greater than allowed.***



Shielding designs will be completed within 14 business days after all information has been received. Reports will be emailed to the listed contact in PDF format. Hard copy reports are available upon request, for no additional fee.

When complete, please email this form, your floorplan, and any prior Shielding Reports that you may have to Adam Pound at adam.anode@gmail.com .

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