

Physics Consultants Inc.
Radiation Shielding Assessment Form

If you determine that you require a radiation shielding assessment for any new or replacement X-ray units or construction modifications to your facility, this is the form you will need to complete.

To calculate your facility's shielding requirements, we will need you to submit a scale drawing of the X-ray room(s) that includes ALL of the following.

- a. Drawing and dimensions of the room where unit is or will be installed.
- b. Surrounding rooms or areas and their functions (e.g., office exam room, waiting area).
- c. Above and below areas. Instead of "ceiling" or "floor", be specific. Indicate spaces such as offices, living areas, toilets, etc., or unoccupied spaces such as basements, storage areas, and attics.
- d. Door and window placement in the room where unit is or will be installed.
- e. Wall, floor and ceiling composition and thickness (e.g., 5/8" sheetrock, 6" concrete).
- f. Placement of the X-ray machine and exam table or dental chair within the room.
- g. Location of the controls or control booth for the unit.
- h. For CBCT units we need the Radiation Scatter Diagram from your CBCT Manufacturer

What is the physical address of the room(s) requiring a radiation shielding assessment?

Facility Name:

Street:

City:

State:

Zip:

We will email you the report when completed and payment has been made. Please provide the contact's name and email address.

Name:

Email:

Phone:

Please complete the boxes on the following pages for each new or replacement unit installed at the facility. Please name the rooms and show each name on your attached floor plan.

If you need more intraoral unit sections, please duplicate page 2 and add it to your submission.

When requesting a shielding plan for handheld units, we need information concerning the existing stationary units in each room in which the handheld unit will be used. Please complete a section for each wall-mounted X-ray unit installed in the same room in which the handheld unit will be used. Enter all corresponding room names in the space provided in the handheld section.

Once complete, email the form with the above requested documents to shielding@pciphysics.com. If you have any questions about this form or the documents needed, please contact us at 207-773-1313.

Panoramic X-ray unit weekly workload	Cephalometric X-ray unit weekly workload
Make: Model: Number of patients per week = Number of exposures per patient = Average kVp setting per exposure = Average mA setting per exposure = Average time setting per exposure = Room Name for this unit:	Make: Model: Number of patients per week = Number of exposures per patient = Average kVp setting per exposure = Average mA setting per exposure = Average time setting per exposure = Room Name for this unit:

CBCT (3D Panoramic) unit weekly workload
Make: Model: Number of 2D Panoramic exposures = Number of 3D CT exposures = Room Name for this unit: NOTE: To complete the shielding calculations for this unit we need an X-ray scatter diagram that is located in your user's guide or available from the manufacturer.

1. HANDHELD X-ray unit weekly workload	2. HANDHELD X-ray unit weekly workload
Make: Model: Number of patients per week = Number of exposures per patient = Average kVp setting per exposure = Average mA setting per exposure = Average time setting per exposure = Please list all the rooms in which this unit will be used:	Make: Model: Number of patients per week = Number of exposures per patient = Average kVp setting per exposure = Average mA setting per exposure = Average time setting per exposure = Please list all the rooms in which this unit will be used:

Additional Comments Section:
