Instructions for Filling out Shielding Design Request Form

Please follow directions below to ensure timely response to your shielding design request.

1. Please fill out the shielding design spec form below completely. Any missing information may slow down the completion of the shielding design. Note: We must have a physical address for the facility.

2. Attach a **scale drawing** of room(s) – (e.g. scale –¼" = 1 foot). Drawing **must** have all surrounding areas on the drawing labeled (e.g. storage closet, corridor, office space, hallway, exterior, bathroom).

3. **For radiographic rooms** – please specify on drawing location of wall bucky.

4. **For all rooms** – please specify on drawing location and orientation of radiation producing unit.

5. Please have position of operator barrier, if applicable, labeled as well.

Shielding Design Specifications

Send completed forms with all drawings to Fax: (888) 213-5538 or Email: info@PrismPhysics.com
Please note that the dimensions of a radiographic room must be 8' x 10' or greater.

Date of Request: _____

Provide the full business name and address of the physical location where the room(s) is/are located

Facility Name: _____
Contact Name: _____
Physical Address: _____
City: _____ State: _____ Zip: _____

Name and mailing address (for all correspondence, if different from physical location)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Project No.: _____ P.O. #: _____

Name and address of person responsible for payment:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Project No.: _____ P.O. #: _____

In addition to the above information, please provide the following information for each room submitted

Equipment *(e.g. CT, X-Ray, Mammo, DEXA, PET, C-Arm, etc.)* : _____
Vendor/Model of Equipment: _____
Room ID (*e.g. CT room, X-Ray room*): _____
Area **above** each room *(e.g. roof, office space, attic, etc.)* _____
Area **below** each room *(e.g. slab on grade, basement, etc.)* _____
For **multi-story** facilities, please provide composition & thickness of building material between floors ***(if available)*** : _____

Total number of cases expected to be performed each: Day: _____ Week: _____

For Fluoro rooms the approximate time spent on each case: _____ Minutes

****** Please note that fees are due according to terms of agreement******