

## Veterinary Shielding Plan Application

Customer Information	
Facility Name: _____	Customer #: _____
Address: _____	Suite/Building: _____
City/State/Zip: _____	Email: _____
Phone: _____	Fax: _____

Facility and Installation Type	
Facility Type:	
A. New Facility for Registration with the state	
B. Existing facility registration with the state	Registration Number: _____
C. Relocation of existing registered facility	Registration Number: _____
Installation Type:	
A. Additional Equipment	
B. Replacement of Current Equipment	
C. Relocation of Equipment	
D. First time owner of Equipment	

Unit Information and Weekly Workload	
Unit Make: _____	
Unit Model: _____	
Max kVp: _____	Max mA: _____
Estimated weekly workload (Patients) : _____ Views per patient: _____	
List type of Exam and estimated total of each (example: Thorax, extremity, Skull)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Section 1 - Room Drawing

### Please include the follow with your submission

- A. Must submit a scaled drawing with exact measurements. (blueprints are preferred)
  - i. if submitting a floor plan without design specifics (measurements and wall composition) see section 2.
- B. The exact position and orientation of the imaging unit and any additional receptors that may be used outside the bucky tray.
- C. The proposed location of the control switch if located outside the room.
- D. Any view windows located within the room or door of the proposed location.
- E. Identification of all rooms adjacent to the imaging room. (i.e. surgery, exam, lab)
- F. Identification of the orientation of the facility (north, south, east, west)

## Section 2 - Wall, Floor, and Ceiling Composition (If section one is not chosen)

Interior Wall:      Wood              Gypsum              Concrete              Other \_\_\_\_\_  
 Thickness of material \_\_\_\_\_ Inches. (i.e. 5/8" gypsum wall board)

Exterior Walls:      Wood              Gypsum              Concrete              Other \_\_\_\_\_  
 Thickness of material \_\_\_\_\_ Inches.

Floor or Ceiling Information:

A.      Single Story Stucture - No Occupancy above or below imaging room

Above Room (if A selected skip this section)

Distance to the above occupied space \_\_\_\_\_

The Ceiling and floor above is composed of \_\_\_\_\_ with a thickness of \_\_\_\_\_.

Below Room (if A selected skip this section)

Distance to the above occupied space \_\_\_\_\_

The floor is composed of \_\_\_\_\_ with a thickness of \_\_\_\_\_.

## Section 3 - Terms Agreement

- A. A plan review cannot be completed without all the above information filled out completely
- B. All information submitted must be legible
- C. The Report is a recommendation only, based on industry standards and state regulations.

## Responsible Party

\_\_\_\_\_  
 (Customer Name)

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)