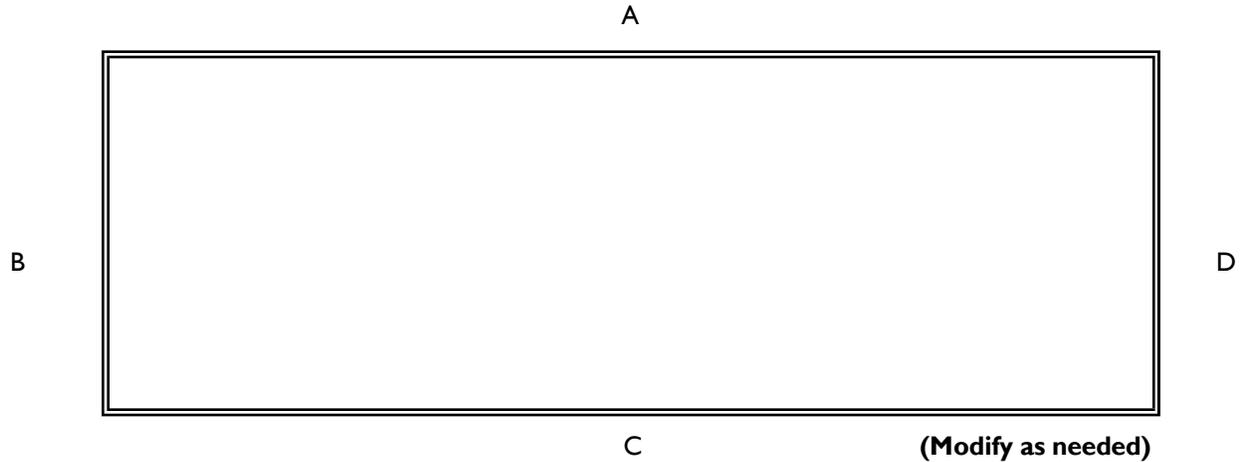


Mammography Radiation Shielding Information Required for Plan Review

Facility Name: _____

Address: _____

Contact Person For Information: _____ Phone: _____



- 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.

Composition: (sheet rock, lead, brick, cement block, etc.)		(Example: 5/8" sheet rock)	
Composition of wall A		Composition of thickness of wall A	
Composition of wall B		Composition of thickness of wall B	
Composition of wall C		Composition of thickness of wall C	
Composition of wall D		Composition of thickness of wall D	

Dimensions: Length of wall:							
Wall A		Wall B		Wall C		Wall D	

What or who in on the other side of the wall? If 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.	
Other side of Wall A ?	
Other side of Wall B ?	
Other side of Wall C ?	
Other side of Wall D ?	

ALL ITEMS MUST BE COMPLETED IN ORDER FOR HHS TO MAKE A VALID EVALUATION.
Thank you for your cooperation.