

SHIELDING Design Consultative Services - Information Checklist

Instructions: In order for DTC to initiate a shielding design, all the following deliverables must be submitted by the requesting party. Please review the following list when compiling your submission to DTC, and include a copy of the completed checklist with your submission. Upload your files at https://dtcinc.com/form-upload-1.

Turn Around Time: Depending on the complexity and number of rooms in the submitted shielding design, the minimum turn-around time is approximately 2 weeks post DTC's receipt of all the deliverables defined below. Once we have an accurate accounting of the size of the project, we can give you a better estimate.

Page 1 of 12

Institutional Information:

institution Name:	Contact Person:
Address:	Contact Number:
Rooms:	Fax Number:
(by type and number):	
(b) type and nameer).	

Deliverables to Be Submitted to DTC:

- 1. Signed quotation for DTC shielding design consultative services.
- 2. Final 1/8" or 1/4" HARD COPY architectural drawings or PDF, with scale and dimensions noted.
 - To assure design accuracy, please **DO NOT** send photocopies, reduced, faxed or AutoCAD.
- 3. Placement of imaging equipment within the room(s).
 - The "to-scale" drawings must show the actual placement of the equipment in the room, including any vertical cassette holders.
 - In the case of radiographic rooms, please note if the tube support is a floor-to-ceiling mount or ceiling suspension.
- 4. Provide drawings showing all adjacent rooms and spaces.
 - Clearly identify the function of each adjacent room (e.g. office, restroom, file room, corridor, etc.).

 If any outside space can potentially be occupied (patio, sidewalk, etc.) please identify that.
 - If the adjacent space is a corridor, the rooms across the corridor must be identified.
- 5. If any existing imaging rooms are to be modified for this project, please provide a demolition drawing.
- 6. Provide floor plans showing spaces above & below with the functions clearly identified <u>and</u> the perimeter of the x-ray room clearly identified on the plans.
 - 6a. NA-slab-on-grade, single-story: IF YOU CHECK THIS ITEM, THEN MOVE TO ITEM #8
 - 6b. NA-slab-on-grade, multiple-story IF: YOU CHECK THIS ITEM, THEN MOVE TO ITEM #7



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) **Upload** your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 10-11.

Page 2 of 12

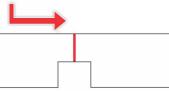
- 7. Provide information on slabs include the following information:
 - Type of slab:

Slab to slab distance:

.

in.

Minimum thickness of the slab (see illustration): in.



• Density of Concrete:

Lightweight 90-115 lb./ft3

Standard 140-150 lb./ft3

- 8. If there is an adjacent building, wing, or any type of occupied space within 20 feet of the outside walls of the imaging areas:
 - Please provide a drawing that indicates the distance between the structures
 - Please provide a drawing that identifies the occupied space by function (office, waiting, etc.)
- 9. Provide a description of imaging equipment (include a manufacturer brochure or manual if available):

Equipment		Max Tube		
Manufacturer	Model	Output	Max kVp	Room

• If the vendor has radiation scatter diagrams, please provide a copy.



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) Upload your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 4 - 8.

Page 3 of 12

10.	Please	give t	he p	projected	caseload	PER	WEEK f	or e	<u>each</u>	imaging	room	invol	ved
-----	--------	--------	------	-----------	----------	------------	--------	------	-------------	---------	------	-------	-----

Please define "week" 5 days 6 days 7 days

Caseload: **Room Type:** Radiographic: Vertical Bucky/Cassette Holder On Table R & F: Fluoroscopic Radiographic (On Table) Vertical Image Receptor (e.g. Chest Stand) CT: Head Other Than Head Mammography: 2D 3D Angiography **Interventional Radiology** Peripheral / Cardiology: DEXA:



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

10. Please give the projected caseload PER WEEK for each imaging room involved continued.

- 1) Save the file(s) to your computer.
- 2) **Upload** your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 4 - 8.

Page 4 of 12

	Caseload:	Room Type:
Vertical Bucky/Casset		Radiographic:

adiographic:	Vertical Bucky/Cassette Holder On Table
R & F:	Fluoroscopic Radiographic (On Table) Vertical Image Receptor (e.g. Chest Stand)
CT:	Head Other Than Head
nmography:	

Mammography: 2D 3D

Interventional Radiology Angiography
/ Cardiology: Peripheral

DEXA:



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

1) Save the file(s) to your computer.

2) Upload your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 4 - 8.

Page 5 of 12

10.	Please	give the	e projected	caseload	<u>PER</u>	WEEK	for <u>each</u>	imaging	room	involved	l continue	t
-----	--------	----------	-------------	----------	------------	------	-----------------	---------	------	----------	------------	---

Room Type:	Caseload:	
Radiographic:		Vertical Bucky/Cassette Holder On Table
R & F:		Fluoroscopic Radiographic (On Table) Vertical Image Receptor (e.g. Chest Stand)
CT:		Head Other Than Head
Mammography: 2D 3D		
Interventional Radiology / Cardiology:		Angiography Peripheral
DEXA:		



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) **Upload** your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 4 - 8.

Page 6 of 12

10. Please give the projected caseload PER WEEK for each imaging room involved continued.

Room Type:	Caseload:	
Radiographic:		Vertical Bucky/Cassette Holder On Table
R & F:		Fluoroscopic Radiographic (On Table) Vertical Image Receptor (e.g. Chest Stand)
CT:		Head Other Than Head
Mammography: 2D 3D		
Interventional Radiology / Cardiology:		Angiography Peripheral
DEXA:		



SHIELDING Design Consultative Services - Information Checklist

Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) Upload your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 4 - 8.

Page 7 of 12

10. Please give the projected caseloa	d <u>PER WEEK</u> for <u>each</u> imaging room involved	continued.
Room Type:	Caseload:	
Radiographic:		Vertical Bucky/Cassette Holder On Table
R & F:		Fluoroscopic Radiographic (On Table) Vertical Image Receptor (e.g. Chest Stand)
CT:		Head Other Than Head
Mammography: 2D 3D		
Interventional Radiology / Cardiology:		Angiography Peripheral

DEXA:



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) Upload your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 4 - 8.

Page 8 of 12

10. Please give the projected caseloa	nd <u>PER WEEK</u> for <u>each</u> imaging room involved	continued.
Room Type:	Caseload:	
Radiographic:		Vertical Bucky/Cassette Holder On Table
R & F:		Fluoroscopic Radiographic (On Table) Vertical Image Receptor (e.g. Chest Stand)
CT:		Head Other Than Head
Mammography: 2D 3D		
Interventional Radiology / Cardiology:		Angiography Peripheral

DEXA:



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative

Services. Items in red are mandatory.

Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) Upload your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 10 - 11.

Page 9 of 12

10. Continued

Nuclear Medicine / PET: Room Number:

Radionuclide	Activity (mCi)	No. of Scans Per Week	Procedure



For PET design, unless otherwise specified by the client, an average uptake time of 1 hour, and an average scan time of 30 min. will be used in the design.

If you do not have caseload information, please provide us with the name and number of the responsible person in the imaging department.



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) Upload your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 10 - 11.

Page 10 of 12

10. Continued

Nuclear Medicine / PET: Room Number:

Radionuclide	Activity (mCi)	No. of Scans Per Week	Procedure



For PET design, unless otherwise specified by the client, an average uptake time of 1 hour, and an average scan time of 30 min. will be used in the design.

If you do not have caseload information, please provide us with the name and number of the responsible person in the imaging department.



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) Upload your files at https://dtcinc.com/form-upload-1.

To provide information on more than one room, use pages 10 - 11.

Page 11 of 12

10. Continued

Nuclear Medicine / PET: Room Number:

Radionuclide	Activity (mCi)	No. of Scans Per Week	Procedure



For PET design, unless otherwise specified by the client, an average uptake time of 1 hour, and an average scan time of 30 min. will be used in the design.

If you do not have caseload information, please provide us with the name and number of the responsible person in the imaging department.



SHIELDING Design Consultative Services - Information Checklist Provide the information requested below for Shielding Design Consultative Services. Items in red are mandatory.

Upon completion of this form:

11. List of Contacts: Names, titles, numbers, etc. of key people (department managers, architects,

- 1) Save the file(s) to your computer.
- 2) Upload your files at https://dtcinc.com/form-upload-1.

Page 12 of 12

	contractors, etc.):						
	Name & Title:	Phone:	Email:				
12.	12. Person(s) to whom the report should be submitted, with complete mailing and e-mail addresses.						
	Name:	Mailing Address:	Email:				
	Name:	Mailing Address:	Email:				
	Name:	Mailing Address:	Email:				
	Name:	Mailing Address:	Email:				
	Name:	Mailing Address:	Email:				
	Name:	Mailing Address:	Email:				
	Name:	Mailing Address:	Email:				
13.	Name: Comments	Mailing Address:	Email:				
13.		Mailing Address:	Email:				