



RADIATION SHIELDING PLAN APPLICATION
 PURSUANT TO LOS ANGELES COUNTY ORDINANCE 11.22.620,
 RADIATION SHIELDING DESIGNS MUST BE APPROVED BY THIS
 OFFICE FOR ALL X-RAY AND P.E.T. / C.T. ROOMS.



INSTRUCTIONS:

- Must be printed or typed clearly. Where indicated, check the appropriate box. All information must be provided. An incomplete application will result in delays.
- Plan approval requires payment of fee and completion of Sections 1 through 12.
- Make check or money order payable to Los Angeles County.
- Mail the **ORIGINAL** and one copy of this application and room schematics with check or money order to:

RADIATION MANAGEMENT
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
3530 WILSHIRE BOULEVARD, 9TH FLOOR
LOS ANGELES, CA 90010

Internet Address: www.publichealth.lacounty.gov/eh/ep/rad_health/
- If you have any questions, contact the above office at **(213) 351-7897**

<p>6. PLANS SUBMITTED BY:</p> <p>NAME: _____</p> <p>ADDRESS: _____ (First) _____ (Last)</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>PHONE: _____ () _____ <small>Area Code</small></p>	<p>7. JOB/X-RAY MACHINE LOCATION:</p> <p>NAME & TITLE: _____</p> <p>FACILITY-D.B.A.: _____ (First) _____ (Last) _____ (Title)</p> <p>ADDRESS: _____</p> <p>CITY: _____ ZIP: _____</p> <p>PHONE: _____ () _____ <small>Area Code</small></p>
--	--

8. Is this an addition to existing equipment at this location? YES NO
 Is this equipment only replacing existing equipment at this location? YES NO
 Is this equipment being relocated from another address? YES NO
 If "YES", what was the name, address and registration number of the previous/current location?

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

REGISTRATION NUMBER: _____

IF PHYSICIST REPORT IS SUBMITTED, SECTIONS 9 AND 10 NEED NOT BE COMPLETED

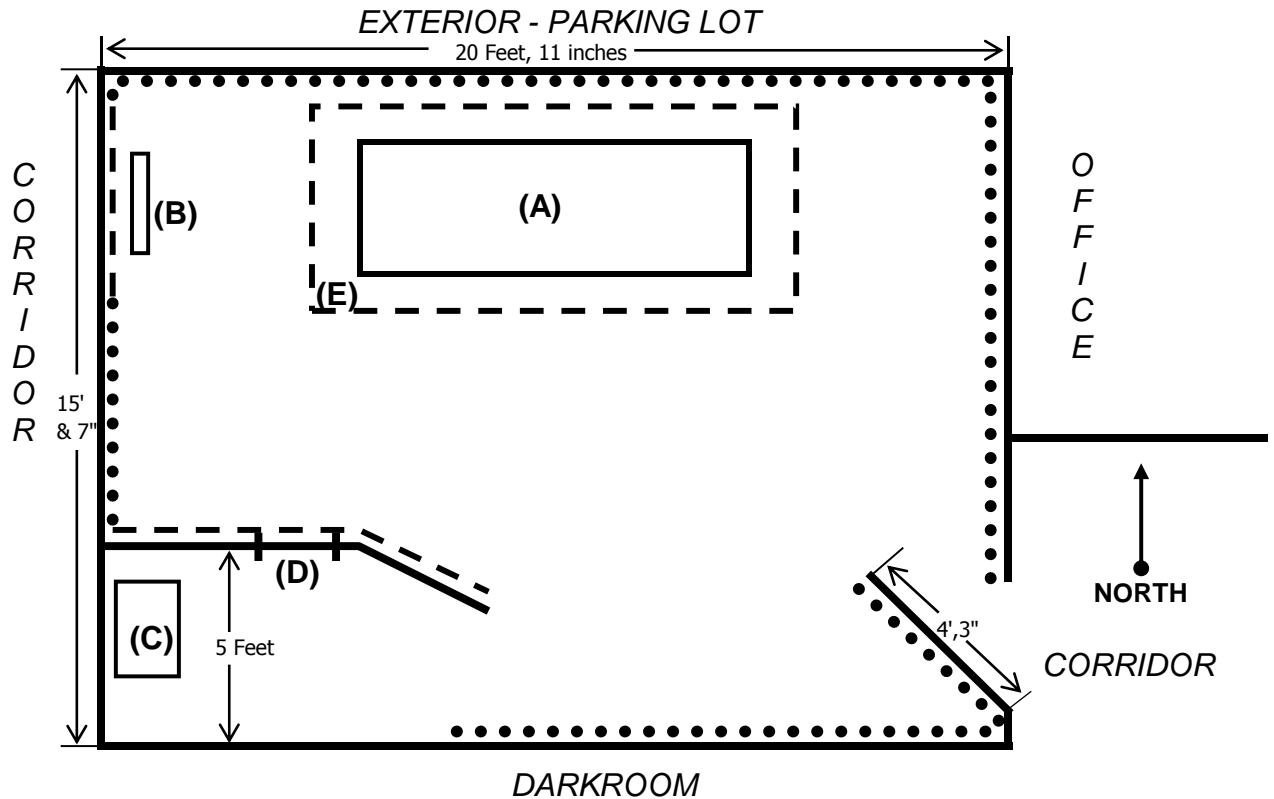
9. EQUIPMENT AND USE SPECIFICATIONS:

Machine Type: Radiographic Dental-Coned Beam Volumetric Tomography (CBVT)
 Fluoroscopic Dental-Intraoral Podiatry
 Therapy Dental-Panoramic Veterinary
 Computed Tomography (C.T.) Dental-Cephalometric Industrial
 (P.E.T.) / (C.T.) Chiropractic OTHER (Specify): _____

Maximum Kilovolt peak (kVp) USED _____ Maximum milliamperes(mA) _____ Average Exposure Time (Second): _____ Average Number Of Exposures Per Week: _____

Fluoroscopic On-Time (In Minutes per Week): _____

Sample Radiographic Room



KEY:

Scale: 1/4 inch = 1 Foot

- Two pound lead, 80 inches high
- — — Four pound lead, 80 inches high
- (A) X-ray Table
- (B) Vertical Cassette Holder
- (C) Control/Operator Location
- (D) Four pound lead glass view window
- (E) Four pound lead mat centered under table, extending one-foot beyond edges of table.

SPECIFICATIONS FOR RADIOGRAPHIC ROOM:

Location: 2nd Floor of 3-Story Building.

X-ray Use: Tube directed to table = 75%. Tube directed to wall holder = 25%.

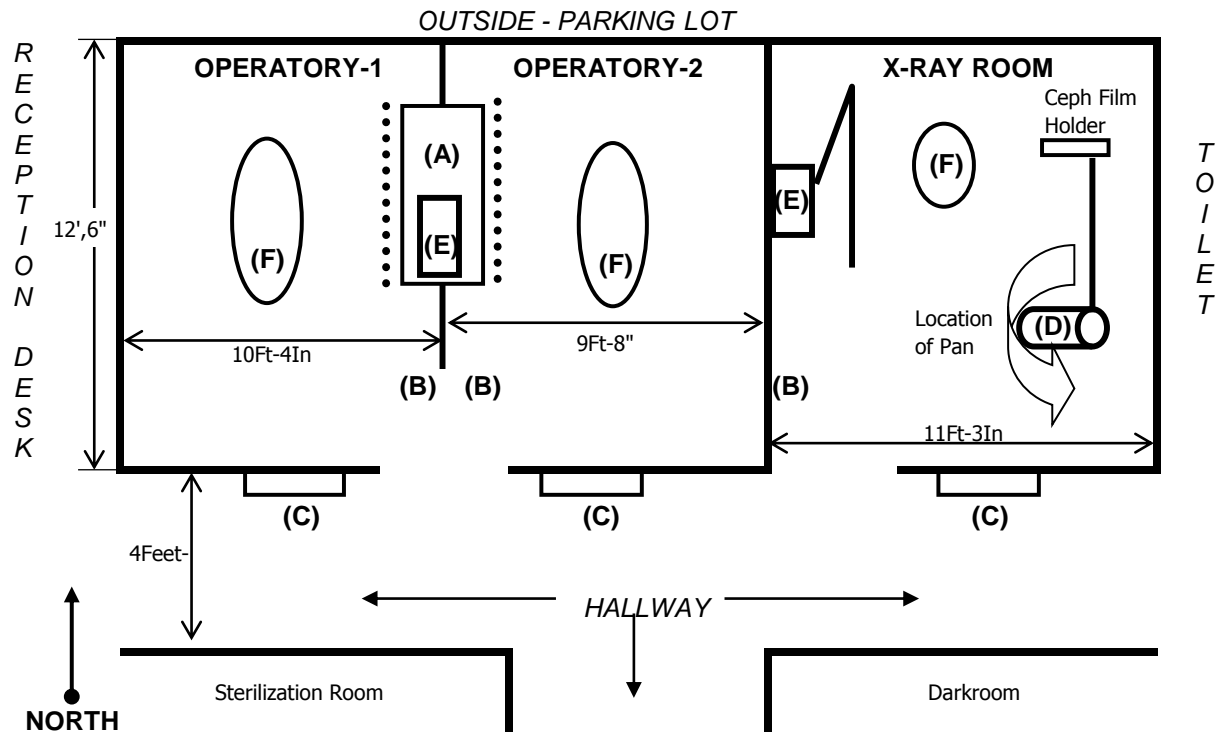
Walls: Interior walls with 5/8-inch thick drywall on each side.
Exterior wall with 1-inch thick stucco.

Floor-to-floor distances and occupancies:

- Above: 15 Feet Floor to Floor. Attorney's office above
- Below: 12 Feet Floor to Floor. Pharmacy below.

Floors: Ceiling: 3-inch thick lightweight concrete on wood support.
Floor: 5-inch thick normal weight concrete.

Sample Dental Clinic



KEY:

Scale: 1/4 inch = 1 Foot

- (A) Cabinet with X-ray unit that will swing between rooms. Cabinet doors constructed of 1/2"- plywood, covered with two-pound lead (•••••).
- (B) Location of mirrors enabling operator to visualize patient from protected position.
- (C) Control Switch / Operator Location
- (D) Panoramic / Cephalometric X-ray Unit
- (E) Intraoral X-ray Unit
- (F) Dental Chair = Patient is facing *NORTH* during X-ray in Operatories 1 & 2. Patient is facing *SOUTH* in the X-ray Room.

SPECIFICATIONS FOR DENTAL CLINIC:

Location: 1st Floor of 3-Story Building.

Walls: Interior walls with 5/8-inch thick drywall on each side.
Exterior wall with 1-inch thick stucco.

Floor-to-floor distances and occupancy:

Above: 12 Feet Floor to Floor. Attorney's office above.

Below: 9 Feet Floor to Floor. Pharmacy below.

Floors: Ceiling: 5-inch thick normal weight concrete.

Floor: 3-inch thick lightweight concrete on wood support