KRUEGER-GILBERT HEALTH PHYSICS, INC
CT SHIELDING PLAN QUESTIONNAIRE

Please return the completed questionnaire to Krueger-Gilbert Health Physics, Inc. via fax or email.

Fax: **410-339-5449**

Email: ehannahs@kruegergilbert.com

Facility Name: _____

Facility Address:_____

_____

_____

County: _____

Facility Contact Person: _____

Contact Phone #: _____ e-mail:

_____

Report to be mailed to: _____ Copy mailed to: _____

Title :_____ Title: _____

Address: _____ Address: _____

_____ _____

Telephone #: _____ Telephone #:_____

e-mail: _____ e-mail: _____

Invoice to be mailed to:_____

Title:_____

Address:_____

_____

_____

Telephone #:_____

Email:_____

PRELIMINARIES:

To adequately perform a shielding design, KGHP Inc. will need accurate information from: the **architect**, the **manufacturer** and from the **facility**. **The facility is supposed to collect all this info and fax/mail to us.** Depending on the specifics of each shielding plan, the facility may fill out all below. Please take the time to complete the following questionnaire in its entirety. Once all of the necessary information is forwarded to our office, please allow one/two weeks for report completion. If you have any questions, please contact a physicist at 410-339-5447 or email ehannahs@kruegergilbert.com.

1. ARCHITECT
The architect (*) should provide the following:
(*) if not applicable, then the information should be provided by the facility.

1.1 Contact Information:
Name: _____

Phone: _____

Fax: _____

e-mail: _____

1.2 Scaled Diagram:
KGHP requests a scaled, installation diagram noting the proposed equipment layout (e.g., gantry, isocenter, table, etc). The diagram should include the surrounding areas and their uses. For multiple story buildings, include an elevation diagram or explicit information on: (i) the slab to slab distance, (ii) the areas & their uses above the proposed room, and/or (iii) the areas & their uses below the proposed room. **Note: If more convenient, you may add handwritten comments, explanations or details on your existing diagram.**

1.3 Current barrier thickness and composition (*)
(*) This is generally applicable for the existing rooms to be upgraded. Not applicable for new facilities where all the walls are to be designed.

Barrier	Composition	Thickness
Ceiling		
Floor		
Wall…….. (*)		
Wall…….. (*)		
Wall…….. (*)		
Wall…….. (*)		
Wall…….. (*)		

Control Booth (if separate)		
Example:		
Floor	Lightweight Concrete	4 inches
Ceiling	Galvanized Steel Pan	20 gauge
Wall A- exterior	Brick	3.5 inches

(*) If difficult to localize (e.g. exterior wall), please label it (e.g. A, B, C,….) and indicate it on the diagram.

2. MANUFACTURER

The manufacturer (*) should provide the following:
(*) if not applicable, then the information should be provided by the facility.

2.1 Type of equipment and model: _____
(e.g., GE LightSpeed VCT w/1700 Table, 7x System 64 Slice)

2.2 Manufacturer's scatter survey diagrams obtained for both body and head phantoms.

2.3 Optional: normalized scatter air kerma rate (Xs) in mGy/mA-min measured at 1 meter (if available):
_____ mGy/mA-min

3. FACILITY

The facility should provide the following:

3.1 Conservative estimate of the number of body (chest, pelvis, abdomen) procedures/week:
_____
e.g., 150 body (chest, pelvis, abdomen) procedures/week

3.2 Conservative estimate of the number of head procedures/week:
_____
e.g., 30 head procedures/week

3.3 Conservative estimate of the percentage of procedures performed with & without contrast:
_____
e.g.: 40% of body procedures are performed with and without contrast i.e. scanned twice