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Parameters of Shielding Calculation - Request Form^(*) -

(*) We recommend that all these be discussed personally with us (contact name Catalin Frujinoiu) during a preliminary site visit.

3. Reason for shielding request: new machine ______or changed parameters (explain the change –e.g., current, energy, workload, shielding, etc.)_____

4. Modes of operation: electron/photon _____% time and electron _____% time:

5. Materials in the accelerator head (e.g., W or Pb shielded machine): W _____ or Pb _____

6. Maximum electron beam energy (MV): (e.g., 18 MV)

7. Type of converter (e.g., W) _____and thickness (mm): _____

8. Isocentric radius of rotation (SAD) (default SAD=1 m) _____(m)

9. Beam size at isocenter (default 40 x 40 cm) <u>cm x cm</u>

 10. Maximum anticipated workload at isocenter (W):
 (cGy/year) OR max. dose

 rate at isocenter
 (cGy/min), # patients treated per day ______ (pat./days),

 treatment time per patient
 (min/pat.), treatment days per year ______ (days/year).

11. IMRT _____ YES or _____ NO

12. Percent of beam time the IMRT is used ______%

13. Leakage Factor, LF (default LF = 0.001)

14. Beam stopper installed: YES _____, or NO _____; If YES was selected, indicate the beam stopper thickness ______ (cm) and material ______ or the equivalent TVLs ______

15. Max dose rate at isocenter: _____cGy/min

16. Existing maze outlines (both horizontal and vertical projections) containing: scaled dimensions, existing shielding thicknesses and composition, type of adjacent area (controlled or uncontrolled), degree of occupancy. Isodose plot if available.

Note: the maze outlines should be: fairly clear so that the distances can be inferred from the indicated scale and/or clearly indicated, the beam should be figured in the most probable configuration, the adjacent areas should be marked with C (controlled) or U (uncontrolled), the primary barriers should be marked with P and, if appropriate, the existing shielding materials should be listed on a separate sheet.