KRUEGER-GILBERT HEALTH PHYSICS, INC
HDR 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:_____

Title:_____

Address:_____

_____

_____

Telephone #:_____

E-mail:_____

Copy mailed to: _____

Title:_____

Address:_____

_____

_____

Telephone #:_____

E-mail: _____

Invoice to be mailed to:_____

Title:_____

Address:_____

_____

_____

Telephone #:_____

Email:_____

<u>Information Needed</u>:

1. Source Type _____ (e.g. IR-192) and Activity_____ (e.g.10 Ci)

2. No of patient per week _____ (e.g. 12 patients/week)

3. Dose rate per patient at 1 cm:_____ Gy/min (e.g. 1 Gy/min)

4. Drawings showing distances from source to barriers and occupancy around, as well as above and below.