



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:

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

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

Internet Address: www.publichealth.lacounty.gov/eh/ep/rad_health/

5. If you have any questions, contact the above office at **(213) 351-7897**

6. PLANS SUBMITTED BY:

NAME: _____

ADDRESS: _____ (First) _____ (Last)

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ () _____
 Area Code

7. JOB/X-RAY MACHINE LOCATION:

NAME & TITLE: _____

FACILITY-D.B.A.: _____ (First) _____ (Last) _____ (Title)

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ () _____
 Area Code

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

Fluoroscopic

Therapy

Computed Tomography (C.T.)

(P.E.T.) / (C.T.)

Dental-Coned Beam Volumetric Tomography (CBVT)

Dental-Intraoral

Dental-Panoramic

Dental-Cephalometric

Chiropractic

Podiatry

Veterinary

Industrial

OTHER (Specify): _____

Maximum

Kilovolt peak (kVp) USED _____

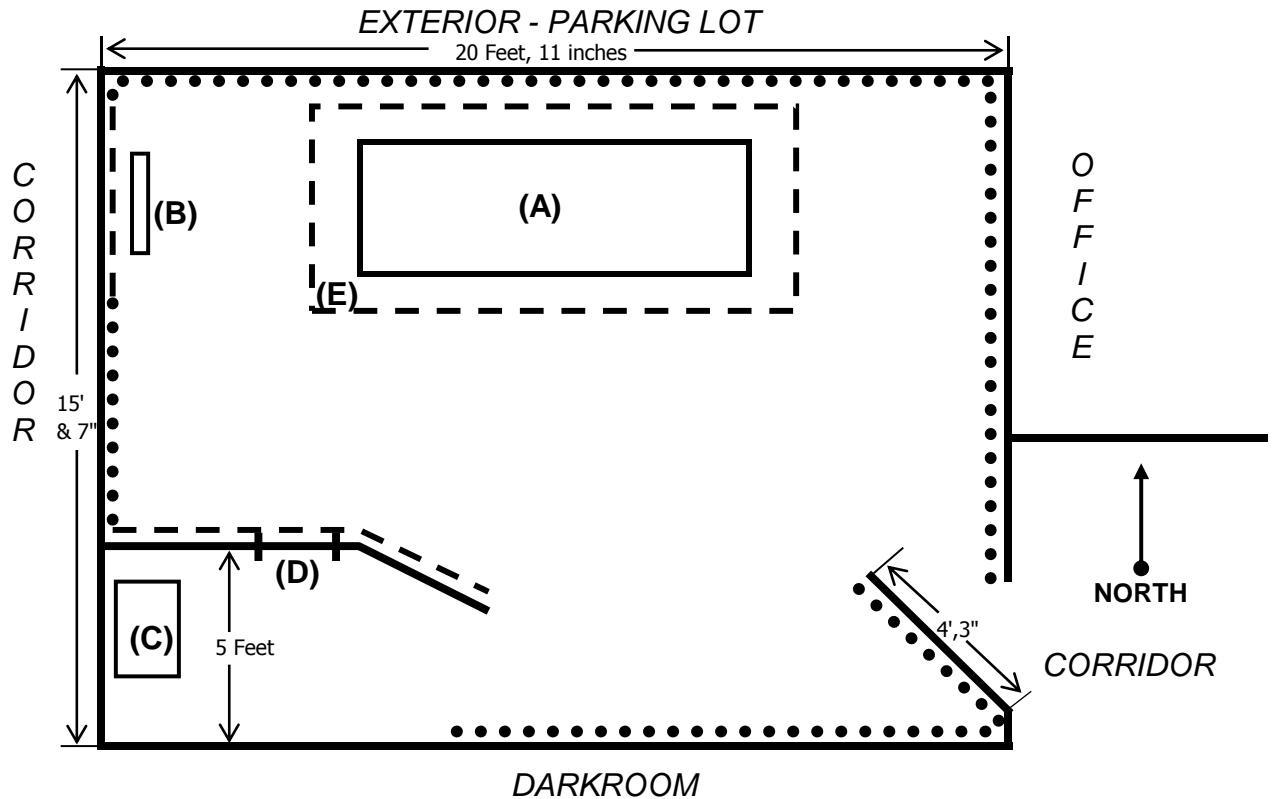
Maximum milliamperere(mA) _____

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.

