

RADIATION SHIELDING PLAN APPLICATION

Environmental Health Division

5050 Commerce Drive, Baldwin Park, CA 91706 www.publichealth.lacounty.gov/eh (888) 700-9995



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.
- 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.
- 4. 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

Website: http://www.publichealth.lacounty.gov/eh/about/radiation-management-program.htm

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

6. PLANS SUBMITTED BY:	7. JOB/X-RAY MACHINE LOCATION:		
NAME:	NAME & TITLE:		
ADDRESS: (First) (Last)	FACILITY-D.B.A.: (First) (Last) (Title)		
CITY:	ADDRESS:		
STATE: ZIP:	CITY: ZIP:		
PHONE: Area Code	PHONE:		
Is this an addition to existing equipment at this location? Is this equipment only replacing existing equipment at this location? Is this equipment being relocated from another address? 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 SUBMITTE	ED, 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 □ Podiatry □ Dental-Panoramic □ Veterinary □ Dental-Cephalometric □ Industrial □ OTHER (Specify):		
Maximum Kilovolt peak Maximum (kVp) USED milliampere(mA)	Average Exposure Average Number Of Time (Second): Exposures Per Week:		
Fluoroscopic On-Time (In Minutes per Week):			

Revised: 5/11/2021

0.	PROVIDE BLUE PRINT OR SKETCH OF X-RAY ROOM AND INCLUDE THE FOLLOWING INFORMATION.
	(SEE ATTACHED SAMPLE) **PROVIDE TWO COPIES**

- (a) Compass Orientation (i.e., indicate on sketch the north, south, east, and west directions).
- (b) Scale, preferably 1/4-inch = one foot. If sketch is not scaled, indicate the X-ray room dimensions in feet.
- (c) Direction of X-ray beam and percentage of use in each direction.
- (d) The type and thickness of the construction material in the walls, ceiling and floors if multi-story building.
- (e) Type of occupancy in immediate adjoining areas.
- (f) In multi-story building, indicate the floor-to-floor distance above and below the X-ray room, and the type of occupancy above and below the X-ray room.
- (g) The location of the wall cassette holder, X-ray table, operator position, dental chair, etc. (as applicable).
- (h) Indicate the amount or thickness, location, and dimensions of existing or proposed lead shielding.

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11. FEE:				
Pla	an-Check Fees (effective August 1, 2018) & Radiation Shielding Classification:			
	\$622.00 = Plan-Check Fee per X-ray machine for Low Energy Source (70 kVp and lower)			
	\$977.00 = Plan-Check Fee per X-ray machine for Medium Energy Source (71 kVp - 300 kVp)			
	\$1,776.00 = Plan-Check Fee per X-ray machine for High Energy Source (301 kVp and higher)			
Make check or money order payable to: "LOS ANGELES COUNTY "				
telep	cks or money orders must be for the exact amount of the fee. Checks must include a name, address and hone number. This fee is not refundable nor is the application transferable. Post dated and two party ks will not be accepted. Fees subject to change without notice.			
40 OF F	TOT DELOW HOW YOU WANT THE DEPORT			
12. SELE	CT BELOW HOW YOU WANT THE REPORT:			
	☐ Want to be called to pick-up letter Address the letter to individual in: ☐ Section #6			
	☐ Want letter FAXED ☐ Section #7			
	☐ Want letter MAILED			
NAME:				
PHONE:	:_() FAX: ()			
	Area Code Area Code			
OWNER/REPRESENTATIVE DECLARATION:				
If declarat	and that the amount of fee paid is based on declaration of radiation shielding classification of plans submitted. ion is incorrect, or any necessary information identified on this form is not provided, I understand that the plans approved.			
Print Name	: Signature:			
Title	: Date:			
	FOR OFFICE USE ONLY			

Invoice Number:

Service Request:

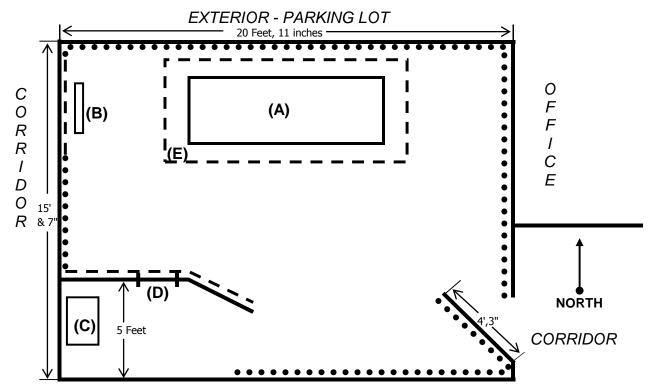
Revised: 5/11/2021

Number:

Date Plans Received: Plans

Received By: Plan-Check

Sample Radiographic Room



DARKROOM

	KEY:	
Scale: 1/4 ir (A) (B) (C) (D) (E)	Two pound lead, 80 inches high Four pound lead, 80 inches high X-ray Table Vertical Cassette Holder Control/Operator Location Four pound lead glass view window 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:

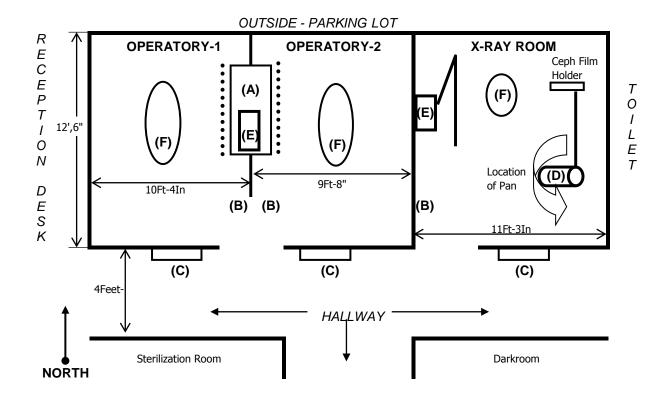
Above: 15 Feet Floor to Floor. Attorney's office above

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