



**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

1800 Washington Boulevard • Baltimore Maryland 21230  
(410) 537-3193 • 1-800-633-6101 • www.mde.maryland.gov

MDE RX 22

**RADIOLOGICAL HEALTH PROGRAM  
FACILITY AREA SURVEY**

**GENERAL INFORMATION**

**FACILITY LOCATION**

**AREA SURVEY CONDUCTED BY**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

**FACILITY INFORMATION**

**Registration Number:** \_\_\_\_\_

1. A drawing must be attached that includes the following information:

- a. Tube location(s)
- b. Cassette location(s)
- c. Primary Beam Directions
- d. Control Location
- e. Exposure switch location
- f. Location where measurement made
- g. View device location (fluoroscopic machines do not require viewing systems)
- h. Use of spaces behind each wall, ceiling and floor
- i. Scale of the drawing in inches/foot

2. Unless provided with different information in the blanks provided, the Agency will assume the following workloads (in mA min/week) for calculation:\*

\_\_\_\_\_ Medical Units 1000

\_\_\_\_\_ Fluoroscopic Units 2000

\_\_\_\_\_ Dental Units 50

\_\_\_\_\_ Special Procedures 2000

\_\_\_\_\_ Podiatry Units 20

\_\_\_\_\_ Therapy/Other

\*must be provided for therapy/other unit

3. Method used to make measurements: Film badge, TLD, Ion Chamber (circle one)

4. If ion chamber used, Manufacturer and Model Number \_\_\_\_\_

If film badge or TLD, provider of service \_\_\_\_\_





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5. Parameters used for setting x-ray machine for making measurements:  
 KVp\* \_\_\_\_\_ ma \_\_\_\_\_ Timer \_\_\_\_\_ mSec (Use Max from tech chart for each projection  
 and max beam size)

6. Phantom Description (Material and dimensions) \_\_\_\_\_

**SURVEY DATA**

Check type of unit:

Radiographic: Wall \_\_\_\_\_ Table \_\_\_\_\_ Dental CT \_\_\_\_\_ Podiatry \_\_\_\_\_ Chiropractor \_\_\_\_\_

Therapy \_\_\_\_\_ Fluoroscopic \_\_\_\_\_ Special Procedures \_\_\_\_\_ CT \_\_\_\_\_ Other \_\_\_\_\_ Room

Identification \_\_\_\_\_ (i.e....Exam Room 1)

Hours of X-Ray Generation per Week \_\_\_\_\_

Hr/Wk=Weekly workload ((mA min/Week)/test mA)(1 Hour/60 minutes)

M/Wk=(Hr/Wk)(mR/Hr)

**DATA TABLE**

Location of Measurement	P/S (1)	Measurement (mR/Hr)	x Hours of Generation	=Calculated Exposure	Use	Occupancy	mr/wk	R/UR

1. P/S—Choose whether the measurement location is affected by either the primary (P) or scatter radiation (S)
2. R/UR—Choose whether the measurement location is within a restricted area (R) or an unrestricted area (UR)

I certify that the facility is designed and the equipment is installed as depicted on the enclosed room drawing.

\_\_\_\_\_  
*Signature of facility representative*

\_\_\_\_\_  
*Print name of the facility representative*

\_\_\_\_\_  
*Date*

