

RADIOLOGICAL HEALTH PROGRAM
FACILITY AREA SURVEY

GENERAL INFORMATION

FACILITY LOCATION

Name

Address

City, State, Zip Code

Telephone Number

AREA SURVEY CONDUCTED BY

Name

Address

City, State, Zip Code

Telephone Number

Date Prepared

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

_____ Dental Units 50

_____ Podiatry Units 20

_____ Fluoroscopic Units 2000

_____ Special Procedures 2000

_____ 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 _____



MARYLAND DEPARTMENT OF THE ENVIRONMENT
 1800 Washington Boulevard ● Baltimore Maryland 21230
 (410) 537-3193 ● 1-800-633-6101 ● <http://www.mde.state.md.us>

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

