



SHIELDING PLAN REVIEW APPLICATION

Department use only	
Registration #	
Log #	
Date Received	

Please complete a separate application for each shielding plan submitted.

Shielding Plan Review Fee: Each plan must be accompanied by the \$62.50 review fee.

Please check one of the following: I am requesting an invoice to be paid electronically. Check enclosed.

Type of Submission: Shielding plan Request for Post Install Survey (*Mammography/Bone Density only*)

Facility Information: Survey for Transportable Installation

If this is a new facility, then DHEC 0845 Facility Registration Approval Request Form must be completed and submitted along with the required fee.

Facility Name		Registration #
Corporate Owner	Name as registered with SC Secretary of State - <i>verified at sos.sc.gov</i>	
Facility Type – Check One		Facility Status – Check One
Academic Analytical/Industrial Chiropractic Dental Hospital Medical	Podiatry Prison Radiation Therapy Security Veterinarian Other (Explain below)	Initial (never registered) Existing (currently registered) Relocation (existing-moving to new location) Other (Explain below)

Current Physical Address of Facility Street, Suite	City	State	Zip
New Address if Relocating Facility Street, Suite	City	State	Zip
Mailing Address	City	State	Zip

Remarks:

Contact Information

Contact Name	Contact Title
Phone Number	Email address

Radiation Safety Officer (RSO) Information

RSO Name	RSO Title
Phone Number	Email address
RSO Qualifications	

Shielding Plan Preparer Information:

Company Name		Registration #	Date prepared	
Company Address		City	State	Zip
Prepared by	Phone Number	Email Address		
Remarks:				

Sales/Installation Vendor Information:

Company Name		Registration #		
Company Address		City	State	Zip
Contact Name	Phone Number	Email Address		
Remarks:				

Please return to:

By mail to: Shielding Plan Review
DHEC-Bureau of Radiological Health
2600 Bull Street
Columbia, SC 29201

By email to: XRyFRA-ShieldingPlans@dhec.sc.gov

Please note that plans will not be processed until a complete submission is received to include this application, the complete shielding plan, and payment of the review fee. Submissions are reviewed on a first come-first serve basis, in the order they are received and deemed a complete submission. **Processing time is approximately 10-15 business days, excluding weekends and holidays.**

Name and title of person submitting this application:

Print:

Email:

Signature:

Date:

Phone Number:

Equipment Information:

Facility Name	Registration #

Room/Location	Digital	Proposed Installation Date (must include at least month and year)						
	Y N							
Equipment Type		Equipment Status						
Accelerator (non-human use)	Bone Densitometer	New						
C-arm Fluoroscopic	Cephalometric							
Ceph/Pan	Ceph/Dental CT	Replacement						
Combination (Rad/Fluoro)	CT Scanner							
CT Simulator	Dental CT	Relocation of facility						
Fluoroscopic	Lithotripter							
Mammography	O-arm	Relocation of unit within facility						
Pet/CT Scanner	Radiographic							
Simulator	Shielded Room (Rad)	Renovation of existing space						
SPECT/CT Scanner	Stereotactic							
Therapy (Accelerator human use)	Other (Explain below)	Re-evaluation due to changes in parameters of existing plan						
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Mobile/Handheld</td> <td style="width: 40%;">Remarks:</td> <td style="width: 30%;"></td> </tr> <tr> <td>Yes No</td> <td></td> <td></td> </tr> </table>			Mobile/Handheld	Remarks:		Yes No		
Mobile/Handheld	Remarks:							
Yes No								

At a minimum, Regulation 61-64 X-Rays (Title B) Appendix B, this application must be accompanied by the following:

- An accurate drawing of the room which includes the normal location of the x-ray system, general direction of the useful beam, locations of any windows and doors, the location of the operator’s booth/station, the location of the x-ray control panel and the locations of the wall bucky or chest board, if applicable.
- A report, including any recommendations and all basic assumptions used, including the structural composition and thickness or lead equivalent of all walls, doors, partitions, floor, and ceiling; the type of occupancy of all adjacent areas inclusive of space above and below; and location of the darkroom and the area where the film will be stored, or the use of filmless system shall be indicated.
- Information on the anticipated workload which includes allowances for future growth.
- The date the plan was prepared and the printed name and signature of the person preparing the plan.

Remarks:

Department USE ONLY

Submitted Date			Reviewer	
Invoice # or Check #			Accepted Date	
Log Number			Denied Date	
Preparer Registered	Y N		Date Letter Sent	
Ready for Review Date			Mailed	Emailed

Shielding Plan Review Application
Instructions for Completing DHEC 0846

PURPOSE:

This form is for the submission of shielding plans for review. Any facility planning to install an x-ray producing machine shall submit the shielding plan review application prior to the installation of the x-ray machine.

ITEM BY ITEM INSTRUCTIONS:

Shielding Plan Review Fee – Indicate the payment method.

Facility Information

Facility Name – This refers to the person or company planning to install the x-ray producing machine. Registration # – This refers to the registration # issued to each facility by the Department.

Corporate Owner – This refers to the name of any corporate owners, if applicable.

Name as registered with SC Secretary of State – Self-explanatory.

Facility Type – Indicate the facility type checking the appropriate box. If “Other” is selected, explain in the area provided.

Facility Status – Indicate the current status of the facility by checking the appropriate box. If “Other” is selected, explain in the area provided.

Current Physical Address – Give the address where the machine will be physically located, if different from the mailing address.

New Address if Relocating Facility – Give the new address where the machine will be physically located, if different from the mailing address.

Mailing Address – Give the Street, City, State, Zip Code.

Contact Information

Contact Name – The person responsible for the submission of this request.

Contact Title – The title of the person responsible for the submission of this request.

Phone Number – Self-explanatory.

E-mail Address – Self-explanatory.

Radiation Safety Officer (RSO) Information

RSO Name – The person who will be responsible for radiation protection at the facility.

RSO Title – The title of the person who will be responsible for radiation protection at the facility.

Phone Number – Self-explanatory.

E-mail Address – Self-explanatory.

RSO Qualifications – List the qualifications/training of the RSO.

Shielding Plan Preparer Information

Company Name – Self-explanatory.

Registration # - SC registration # of shielding vendor.

Date prepared – Self-explanatory.

Company Address – Self-explanatory.

Prepared by – The person who prepared the shielding plan.

Phone Number – Self-explanatory.

Email Address – Self-explanatory.

Sales/Installation Vendor Information

Company Name – Self-explanatory.

Registration # - SC registration # of shielding vendor.

Company Address – Self-explanatory.

Contact Name – The person at the company responsible for the sale/installation of x-ray equipment.

Phone Number – Self-explanatory.

Email Address – Self-explanatory.

Name and title of person submitting this application

Print – Printed name of person submitting this application.

Email – Self-explanatory

Signature – Signature of person submitting this application.

Date – Date submitted.

Phone Number - Self-explanatory.

Equipment Information

Facility Name – This refers to the person or company planning to install the x-ray producing machine.

Registration # – This refers to the registration # issued to each facility by the Department.

Room/Location – Room/Location in which the x-ray equipment will be installed.

Digital – Check Yes or No.

Proposed Installation Date – Must indicate month and year, at a minimum. "ASAP" will not be accepted.

Equipment Type – Indicate the equipment type by checking the appropriate box. If "Other" is selected, explain in the area provided.

Equipment Status – Indicate the status of the equipment by checking the appropriate box. If "Other" is selected, explain in the area provided.

Mobile/Handheld – Check Yes or No.

At a minimum, this application must be accompanied by the following – Indicate by checking the items enclosed with this form.

OFFICE MECHANICS AND FILING:

When the Shielding Plan review applications are received, stamp the form and all attachments with the date received. The shielding plan is issued a unique log number. After review and acceptance, the form, all attachments, and a copy of the acceptance with the assigned log number letter are placed into the registrant's file, and a shielding acceptance letter with the assigned log number is returned to the registrant for their records.