



**Shielding Plan Review Application**

Facility Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Location Address: \_\_\_\_\_ Contact person & title: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

**\*\* This application must be accompanied by the \$62.50 shielding plan review fee. Plan WILL NOT be processed prior to submission of the appropriate fee.**

Facility Status:  New  Relocation  Other (specify) \_\_\_\_\_

Equipment Status:  New  Replacement  Relocation within facility  Other (specify below \_\_\_\_\_

Facility type: \_\_\_\_\_ Expected date of installation: \_\_\_\_\_

Equipment Type: \_\_\_\_\_ Room/Location: \_\_\_\_\_

Manufacturer, model #, and type of x-ray equipment to be installed: \_\_\_\_\_

Digital: Yes or No (please circle) \_\_\_\_\_

Shielding Vendor's Name, Address, Registration #,  
Phone #, and Contact Person:

Installation/Sales Vendor's Name, Address, Registration #,  
Phone #, and Contact Person:

**At a minimum, this application must be accompanied by the following:**

*\* All parts of R61-64 - X-rays (Title B) must be adhered to.*

- A scale drawing of the room.
- A report, including any recommendations and all basic assumptions used.
- Shielding Plan Review Fee of \$62.50 - This request cannot be processed without this fee.

Please return to: **Shielding Plan Registration  
DHEC – Bureau of Radiological Health  
2600 Bull Street  
Columbia, SC 29201**

**Please contact us at (803) 545-4400 if there are any questions. The shielding plan cannot be evaluated without this form and the shielding plan review fee.**

Name and title of person submitting this information: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone # \_\_\_\_\_

DHEC USE ONLY: Registration # \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date approved \_\_\_\_\_ By \_\_\_\_\_  
DHEC 0846 (6/2010)

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
BUREAU OF RADIOLOGICAL HEALTH  
Shielding Plan Review Application- 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:**

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.

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

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

Phone – Self-explanatory.

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

Fax – Self-explanatory.

E-mail – Self-explanatory.

Facility Status – Indicate the current status of the facility.

Equipment Status – Indicate the status of the equipment referenced in this application.

Facility Type – Indicate the facility type using the list below.

Expected date of installation – Self-explanatory.

Equipment Type – Indicate the equipment type using the list below.

Room/Location – Self-explanatory.

Manufacturer, model #, and type of x-ray equipment to be installed – Self-explanatory.

Digital – Circle Yes or No.

Shielding Vendor – Give the name, address, Registration #, Phone #, and Contact person for the Vendor preparing the shielding plan.

Installation/Sales Vendor – Give the name, address, Registration #, Phone #, and Contact person for the Vendor installing/selling the x-ray equipment.

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.

**Type of Facility**

Academic	Private Dental	County Health Department
Private Physician	Dental Clinic	Accelerator Facility
Medical Clinic	Chiropractor	
Medical Hospital	Podiatrist	Other (Specify)
Industry	Veterinarian	
Transportation	Security	
Research	Vendor	
Nursing Home	Prison	

**Type of Equipment**

Radiographic	Mammography	Stereotactic
Fluoroscopic	Dental CT	Simulator
Combination (Rad & Fluoro)	Ceph/Dental	Lithotripter
Bone Densitometer	Cephalometric	
Therapy	Pan/Ceph – 1 tube	Other (Specify)
C-arm fluoroscopic	Pan/Ceph – 2 Tubes	
CT scanner	Ceph/Dental – 3 tubes	
Accelerator		