

## CHECKLIST – AUTHORIZATION FOR PHYSICAL MEASUREMENTS

We request you to submit this optional checklist along with supporting documents to:

[RHBRMT@cdph.ca.gov](mailto:RHBRMT@cdph.ca.gov)

Date: \_\_\_\_\_ State Facility Registration Number (if already registered): **FAC**\_\_\_\_\_

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Individual Responsible for the Facility (ex: Medical Director):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Therapeutic Medical Physicist Name: \_\_\_\_\_

Facility Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Machine Make and Model: \_\_\_\_\_

Room (Vault) Name/Number: \_\_\_\_\_

All Photon Energies (MV): \_\_\_\_\_ All Electron Energies (MeV): \_\_\_\_\_

Machine Output Rates (cagy/min at isocenter): \_\_\_\_\_ MU/min max

Max Field Size: \_\_\_\_\_ cm<sup>2</sup>

### SHIELDING EVALUATION REPORT

\_\_\_\_ Notify RHB at least 60 days prior to possession of radiation machine or at least 60 days prior to commencement of construction or reconstruction of vault.

\_\_\_\_ All wall, floor, and ceiling areas that can be struck by the useful beam shall be provided with primary protective barriers, plus a border of one foot.

\_\_\_ Control station shielding shall be an integral part of the building or anchored to the building.

\_\_\_ Control station shall be provided with a window (with radiation attenuation equal to that required by the adjacent barrier), a mirror system, or CCTV. Patient area must be visible without having to leave the protected area during exposure.

\_\_\_ Treatment room shall be provided with interlocks. It shall be possible to restore machine to full operation only from the control panel.

\_\_\_ Control station shall be in protective booth or in adjacent room.

\_\_\_ Where large power-driven doors offer the only access to the room, a minimum of one door shall be provided with an auxiliary means for being opened in case of power failure or mechanical breakdown.

\_\_\_ A flashing red warning signal light energized only when the useful beam is "ON" shall be located adjacent to the entrance(s) to a therapy room.

\_\_\_ Shielding barriers in rooms housing machines shall comply with mandatory (sic) standards and appendixes of NCRP reports numbers 49 and 51.

\_\_\_ Occupational dose less than 5000 mrem per year.

\_\_\_ Public dose less than 100 mrem per year and less than 2 mrem in any one hour for unrestricted areas.

\_\_\_ Assumed that the individual is at least one foot away from the barrier.

**REASONABLE AND CONSISTENT VALUES PROVIDED IN REFERENCE MATERIAL FOR:**

\_\_\_ Barrier requirements

\_\_\_ Workload and leakage factor

\_\_\_ Workload, secondary barrier, adjusted for additional modalities

\_\_\_ Use Factor

\_\_\_ Occupancy Factor

**ENGINEERING DRAWINGS THAT CLEARLY SPECIFY SHIELDING DESIGN INCLUDING:**

\_\_\_\_ Materials/Compositions

\_\_\_\_ Thicknesses

\_\_\_\_ Densities

\_\_\_\_ Distances

\_\_\_\_ Penetrations/Joints

\_\_\_\_ Observation Windows

\_\_\_\_ TVL's specified and acceptable for each material for primary and leakage barrier calculations.

\_\_\_\_ Controlled and uncontrolled areas are clearly specified.

\_\_\_\_ Additional sources of radiation exposure, such as neutrons or sky shine, are identified and accounted for in shielding calculations.

\_\_\_\_ The roof is adequately addressed by shielding, or access restricted by engineering/administrative controls.

\_\_\_\_ Conclusion meets regulatory requirements and signed by the Medical Physicist.