Southeast Physics Associates
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SHIELDING DESIGN SPECIFICATION FORM

Please complete and fax this form with your drawing(s) to 404.941.8807 or email to sue@SPAphysics.com

PROVIDE THE FULL BUSINESS NAME AND ADDRESS OF THE PHYSICAL LOCATION WHERE THE ROOM(S) IS/ARE LOCATED

Facility Name: _____

Physical Address: _____

County: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

For State Registration Purposes: This x-ray equipment is: **New installation** ☐ -or- **Additional or Replacement Equipment** ☐

NAME AND MAILING ADDRESS (FOR ALL CORRESPONDENCE, IF DIFFERENT FROM PHYSICAL LOCATION)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Project No.: _____ P.O. #: _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Project No.: _____ P.O. #: _____

PLEASE NOTE: DRAWINGS SHOULD INCLUDE THE DESCRIPTION OF ALL ADJACENT ROOMS/AREAS AS WELL AS THE PLANNED EQUIPMENT PLACEMENT WITHIN THE ROOM

IN ADDITION, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Area **above** each room *(e.g. roof, office space, attic, etc.)*
Area **below** each room *(e.g. slab on grade, basement, office space, etc.)*
For **multi-story** facilities, please provide the composition and thickness of building material between floors ***(if available)**:*
For **C-Arm Procedure** rooms please estimate the total number of cases expected to be performed: # per day _____ - OR- # per week _____ The approximate fluoro time spent on each case: _____minute