



# *ProPhysics Innovations, Inc.*

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*“Physics Solutions in Medicine & Industry” [www.prophysics.com](http://www.prophysics.com)*

## **Plan Review Services**

The cost of a Basic Plan Review Shielding Recommendation is \$250.00. The work cannot be started until all pertinent information has been received. ProPhysics Innovations can contact architects, equipment manufacturers, etc, to obtain required information at your request for an additional charge. The completion timeframe for the report is 5 business days from the receipt of all required information. ProPhysics Innovations can offer an express completion timeframe of 2 business days for an additional charge. ProPhysics Innovations will file the report with the appropriate state agency on your behalf. Please contact our office to discuss any considerations necessary for the completion of the plan review.

Information needed has been provided in a checklist format for your benefit. Use additional sheets as necessary to provide clear and concise information

- Facility Name
- Facility Address
- Facility Contact
- Facility Contact Phone Number
- Facility Contact Fax Number
- Facility Contact e-mail
- Billing Contact
- Billing Contact Phone Number
- Billing Address
- Mailing address for official correspondence (must be a deliverable address)
- Type of installation (Install unit – new facility; Install unit – additional facility; relocation – unit only; relocation – facility; replacement unit; altering room construction.
- To and from addresses for any equipment being relocated
- Name, title, and phone number of the individual being designated as the registrant of the unit (For North Carolina only; one individual is sufficient)
- Type of Imaging Equipment (X-Ray, Mammography, CT Scanner, etc.)
- Make and model of imaging equipment
- Study type (X-Ray)– study type, image receptor, technique for exposure, pts/wk & exposures/pt (Ex. Spines on wall; 60 mAs per exposure, 10 pts/wk; 3 exp/pt Knee on table; 10 mAs per exposure, 5 pts/wk; 2 exp/pt etc. as required) (Contact ProPhysics Innovations to identify a standardized workload in absence of specific info)
- Study type (CT) – type of scan, length of scan, # of scans per week (Ex. Abdomen, 240 mm, 12/week)
- Isodose curves (also known as scatter plots) for all CT scanners
- At least two room dimensions perpendicular to each other ( north-south; east-west)
- Location of the unit and the image receptors within the room (drawings not to scale need all pertinent dimensions to identify the location in the room)
- Location of the isocenter, or point of scatter, if it is not apparent.
- Location and shape of the operator barrier or control booth (drawings not to scale need exact dimensions)
- Location of the control switch
- Location of the operator
- Location of any viewing window or mirror
- Position of any electronic viewing devices components
- Location and dimensions of any doors or windows in the imaging room
- Specific identity of all spaces adjacent to the imaging room (beyond walls, floor & ceiling)
- Identity of any areas or rooms that are beyond adjacent hallways
- Thickness and composition of materials composing the walls, ceiling and floor of the imaging room
- Floor to floor distances from the imaging room to the room above and/or the room below