



**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

1800 Washington Boulevard • Baltimore Maryland 21230  
(410) 537-3000 • 1-800-633-6101 • www.mde.maryland.gov

MDE RX 21

**RADIOLOGICAL HEALTH PROGRAM**

**APPLICATION FOR PLAN REVIEW**

Regulation COMAR 26.12.01.01 B.4(a) requires that:

“At least 30 days prior to the installation or relocation of a radiation machine intended for use for diagnostic or therapeutic purposes, any person owning or operating a radiation machine facility shall submit to the Department the floor plan and equipment arrangement of all new installations, or modifications of existing installations.”

In order to meet this regulation this form must be filled out.

**A. GENERAL INFORMATION:**

**PRESENT MAILING ADDRESS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Number

**PROPOSED/EXISTING FACILITY ADDRESS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
County (or

**PLAN PREPARED BY**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Prepared Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Number

**FOR EXISTING FACILITY, GIVE FACILITY REGISTRATION NUMBER:**

—

Max. Rated Tube Potential \_\_\_\_\_kVp

Max. Rated Continuous mA \_\_\_\_\_



**B. INSTALLATION PLAN**

A drawing must be attached that includes the following information:

- |                             |   |
|-----------------------------|---|
| 1. Tube Location            | 6. Scale of drawing (inches/foot)                             |
| 2. Cassette Location(s)     | 7. Patient Viewing Device Location                            |
| 3. Primary Beam Directions  | 8. Use (Occupancy) of Space Behind Walls, Ceilings, and Floor |
| 4. Control Location         | 9. Room Identification  |
| 5. Exposure Switch Location |   |

**C. SHIELDING DATA TABLE for ROOM IDENTIFICATION:** \_\_\_\_\_

Shielding	Chest Board	Control Booth	Doors	A	B	C	D	E	Floor	Ceiling
Lead, mm										
Concrete, inches										
Gyp. wallboard, inches										
Concrete block, inches										
Cinder block, inches										
Brick, inches										
Wood, inches										
Glass, inches										
Steel, inches										
Other (            )inches										

Unless provided with different information,\* the Agency will assume the following workloads (mA-min/wk) for calculation:

- 1000 mA-min/wk for medical (GP) units
- 2000 mA-min/wk for fluoroscopic units
- 2000 mA-min/wk for special procedures

- 60 mA-min/wk for chiropractic units
- 20 mA-min/wk for podiatry units
- \_\_\_\_\_mA-min/wk \*must be provided for therapy/other units

Check type of unit:

Radiographic: wall \_\_\_\_\_ table: \_\_\_\_\_ Chiropractic: \_\_\_\_\_ Podiatry \_\_\_\_\_  
 Fluoroscopic: \_\_\_\_\_ Special Procedures: \_\_\_\_\_ Computed Tomography: \_\_\_\_\_

I certify that the facility will be constructed in accordance with the design specifications shown on this form.

\_\_\_\_\_  
 Signature of facility representative

\_\_\_\_\_  
 Name of facility representative (print)

\_\_\_\_\_  
 Date

