



North Carolina Department of Health and Human Services  
 Division of Health Service Regulation  
**RADIATION PROTECTION SECTION**  
**Radiology Compliance Branch**

**SHIELDING PLAN REVIEW FORM**

**Shielding Plan Preparer Information:**

[Email to shieldingdesign@dhhs.nc.gov](mailto:shieldingdesign@dhhs.nc.gov)

Company Name		Address	
Registration #	Phone Number	Submitter Name	Email Address

**Facility Information:** †Please select facility status: Initial (never registered) Existing (currently registered) Relocation (existing facility moving to a new location)

Facility Name		Registration #	Facility Status†	
Current Physical Address of Facility		City	State	Zip
New Address if Relocating Facility		City	State	Zip
Mailing Address of Contact		City	State	Zip
Contact Name	Phone Number		Email Address	

Remarks:

**Equipment Information:**

\*Select Equipment Status: **R** (Replacement) **RL** (Relocation of existing unit) **N** (First time equipment installed in this location/ room)

\*\* Select Facility Type: **M** (Medical & Dental extra-oral) **D** (Dental intraoral & Panorex ) **V** (Veterinary)

Room #’s	Manufacturer	*Equipment Status	kVp	mA	mA*min /week	**Facility Type	Proposed Date of Installation

**RPS USE ONLY**

Plan Number		Name/ Address on each page of shielding plan	<input type="checkbox"/>	Reviewer	
Submitted Date		Barriers Identified (primary & secondary)	<input type="checkbox"/>	Acknowledged	<input type="checkbox"/>
Ready for Review Date		Construction Material Identified	<input type="checkbox"/>	Denied	<input type="checkbox"/>
Drawings Legible	<input type="checkbox"/>	Scale Identified/ correct	<input type="checkbox"/>	Date Letter Mailed	
Preparer Registered	<input type="checkbox"/>	Location of doors, windows, mirrors, image receptor, exposure switch and x-ray tube	<input type="checkbox"/>	Application Mailed	<input type="checkbox"/>
				NOR Mailed	<input type="checkbox"/>
				File	<input type="checkbox"/>

Remarks:



Location: 5505 Creedmoor Road, Suite 100 • Raleigh, N.C. 27612  
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