

Quality System

Radiation Protection Services  
Ministry of Health

FORM 1S

RADIATION PROTECTION DESIGN SURVEY-  
X-RAY ROOM ASSESSMENTS AND DIAGNOSTIC  
RADIOLOGY COMMISSIONING

Customer X-Ray Room


Date Report No Officer


NB Sketch drawn on page or, plan attached

**WALLS**

ID	Construction	LE(mm)	Windows	Primary Beam	Adjoining Areas	Occupancy	Note
A							
B							
C							
D							
E							
F							
Floor							
Ceiling							

**ENTRANCES**

ID	Door Fitted	Door Closer	Lead Thickness		Warning Sign	Warning Light		NOTE
			Labelled	mm		Position	Working	
1								
2								
3								
4								

**PROTECTIVE PANELS**

ID	Door Closer	Lead Thickness		Glass Window LE		Position	NOTE
		Labelled	mm	Labelled	mm		
5							
6							
7							
8							

