

**Attachment 2: Barrier Evaluation Procedure Guidelines, ORS GL-6**

**Barrier Evaluation Request - Information Form**

Project ID
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Facility and Room ID	Room Function (e.g. Radiographic, Rad- Fluoro, Cath Lab, Procedure Room, etc.)	Date
Facility: Building name and Address, Architectural Room Number and Floor)		

**Room Floor**

Below RM Use Area	Occupancy description of <b>all adjacent</b> rooms and/or spaces including the <b>floor below</b> (e.g. Office (full), Exam room, corridor, toilet, etc.)
<input type="checkbox"/> Earth <input type="checkbox"/> Occupied Space	

**Room Ceiling**

Above RM Use Area	Occupancy description of <b>all adjacent</b> rooms and/or spaces including the <b>floor above</b> (e.g. Office (full), Storage room, corridor, toilet, etc.)
<input type="checkbox"/> Roof <input type="checkbox"/> Occupied Space	

**Room and Adjacent Space Description.**

Attach a drawing with description of the occupancy of adjacent rooms. (e.g. Barrier A = Office, Barrier B = corridor, Barrier C = control booth, etc.)

**References**

Equipment Vendor (e.g. Philips, GE, Siemens etc.)	Equipment Type (e.g. Gen Rad, RF, include model)	Room Remodel / New Construction
Facility Contact	Department Contact	Imaging Equipment Specialist / Contact

**Room Shielding and Functional Details**

Room workload, **(1) Radiographic:** Indicate number and type of exams per week and number of views for each (e.g. 30 extremities, 2 views each, 15 chests, PA and LAT, 2 views 25 Abdomen, 4 views. Include technique, kVp, mAs is possible) and/ or **(2) Fluoroscopic:** mA minutes per week for low, medium or high use room, (e.g. Radiographic Low 250, medium 500, high 1000, Fluoro: Low 500, medium 1000, high 2000) **(3)** Indicate if **CT or Mammography** request.

Radiographic Exam descriptions: Exam Type	Number of Views	kVp	mAs

Fluoroscopic Exam descriptions: Study	Estimated number per year	Estimate time/study

CT or Mammography: