



Desert X-Ray Sales LLC  
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## X-RAY ROOM SHIELDING QUESTIONNAIRE

Name Of Site:

Business Addresses:

City:

State:

Zip:

What types of studies are you performing?

What is the average number of studies performed in a 40-hour week?

What is the maximum number of studies that can be performed in a 40 hour week?

Are there any other suites on the floor above your suite?

If so, what is the distance from your floor to the floor above?

What is the density and thickness of the concrete floor above?

Are there any other suites on a floor below your suite?

If so, what is the distance from your floor to their floor?

What is the density and thickness of your concrete floor?

Any additional site information you would like to include for clarification:

**Please include a scale drawing (PDF) with measurements of your suite and the surrounding suites in all directions.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Corporate Officer/Partner/Owner)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_