



As-Built/Area Survey Submission Form

Please Indicate which of the following is enclosed with this form (choose one):

- As-Built
- Post Installation Area Survey

Facility Information:

Facility Name: _____

Facility Registration Number: _____

Location Address: _____

Facility Contact Name and Title: _____

Equipment Information:

Equipment Type (refer to list on instructions page, list all that apply): _____

Equipment Location: _____

Control Model Number: _____

Control Serial Number: _____

Shielding Log #: _____

Date of Installation: _____

Information for Area Survey Submissions Only:

Area Survey Vendor Name: _____

Area Survey Date: _____

Area Survey Vendor Registration Number: _____

Area Survey Instrument Model/Serial Number: _____

Area Survey Instrument Calibration Date: _____

Please Enclose Area Survey/As-Built and Return To:

S.C. Department of Health and Environmental Control

Bureau of Radiological Health

Post Installation Area Surveys

2600 Bull Street

Columbia, SC 29201

(803) 545-4400 FAX (803) 545-4412

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL BUREAU OF
RADIOLOGICAL HEALTH
AREA SURVEY/AS-BUILT SUBMISSION FORM**

PURPOSE:

This form is for the submission of an area survey or as-built drawing for acceptance by the Department. Any facility that has a shielding plan for an x-ray unit must submit either a post installation area survey or as-built drawing to the Department within 30 days of installation depending on which one the shielding plan letter requires.

ITEM BY ITEM INSTRUCTIONS:

Purpose for Request – Indicate by checking the appropriate purpose for the request.

Facility Name – This refers to the name of the facility in which the x-ray machine is located.

Facility Registration Number- Give the Registration Number of the facility given by the Department.

Location Address – Give the address where the machine is physically located.

Facility Contact Name and Title – The person from the facility who is responsible for this submission.

Equipment Type – Indicate the equipment type using the list below.

Equipment Location – Indicate the location of the equipment within the facility (e.g. Room number)

Equipment Model Number- Give the Model number of the equipment.

Equipment Serial Number- Give the serial number of the equipment.

Shielding Log Number: Give the Log number that is on the shielding plan acceptance letter given by the Department.

Date of Installation – Give the date the unit was installed.

Area Survey Vendor Name – Give the name of the Vendor who performed the Area Survey.

Area Survey Date – Give the date the area survey was performed.

Area Survey Vendor Registration Number – Give the registration number for the Area Survey Vendor.

Area Survey Instrument Model and Serial Number – Give the model and serial number for the instrument used to perform the area survey.

Area Survey Instrument Calibration Date – Give the date that the area survey instrument was last calibrated.

OFFICE MECHANICS AND FILING:

When the area surveys or as-built drawings are received, stamp the form and all attachments with the date received. After review and approval, the form and all attachments are placed into the registrant's file with the shielding plan and shielding letter. The retention schedule series for this form is 11908- X-Ray Files. These documents are maintained in facility files and purged 3 years after the termination of the facility.

Type of Equipment

Accelerator (Non-human use)	Baggage Checker	Breast CT	Bone Densitometer
Cabinet x-ray	C-arm fluoroscopic	Cephlometric	Ceph/Dental
Combination (Rad/Fluoro)	CT Scanner	CT Simulator	Dental (Intraoral)
Dental CT	Diffraction	Electron Microscope	Fluoroscopic
Lithotripter	Mammography	O-arm	Panoramic
PET/CT Scanner	Radiographic	Simulator	Shielded Room (Radiographic)
Spectograph	SPECT/CT Scanner	Stereotactic	Therapy (Accelerator human use)
X-ray Fluorescence	X-ray Gauge	Other (Specify)	