



Physicist Certification

Date: _____

CON No. (if known): _____

Facility ID No.: _____

Facility Name: _____

Facility Address: _____

The medical physicist for the project to complete the following:

I hereby certify to the New York State Department of Health that I have been retained by the facility to provide physicist services in conjunction with the construction documents prepared by a New York State Licensed Architect or Engineer. I have evaluated the construction documents, equipment specifications and the manufacturers' certifications accompanying all relevant equipment and have determined that the proposed shielding and protective measures are adequate to ensure the safety of patients, staff, and the public for the use of the specified imaging equipment.

A. Radiography, Computed Tomography, Interventional Radiology, Radiation Therapy and Nuclear Imaging facilities:

- I have evaluated the proposed radiation shielding design and confirm that it complies with the applicable requirements of 10 NYCRR §711.2, including the Facility Guidelines Institute, Guidelines for the Design and Construction of Hospitals and Outpatient Facilities. The design limits radiation exposure to patients, staff, and the public to levels that are as low as reasonably achievable (ALARA), based on the information for the proposed equipment and sound radiation protection principles.
- I will prepare a radiation protection report documenting the basis of the shielding design, calculations, and detailing the extent of the radiation protection in each imaging area. This report will be made available to the Regional Office of the New York State Department of Health at the time of final inspection, and the applicant has been advised that it must be retained on site as a permanent record.

B. Magnetic Resonance Imaging (MRI) facilities:

- I have evaluated the proposed MRI magnetic and radiofrequency shielding design and confirm that it complies with applicable requirements of 10 NYCRR §711.2 including The Facility Guidelines Institute, Guidelines for the Design and Construction of Hospitals and Outpatient Facilities. The design is appropriate for the specified equipment and intended operating conditions.
- I will ensure a drawing will be prepared depicting the electromagnetic and radiofrequency environment for each MRI room, including delineation of the predicted 5-gauss line in three dimensions, based on the proposed equipment and shielding design. This drawing will be made available to the Regional Office of the New York State Department of Health at the time of final inspection, and the applicant has been advised that it must be retained on site as a permanent record.

For this project, I have reviewed the shielding and protection measures for the following modalities:
(check all that apply)

Diagnostic Radiography (Ionizing Radiation):

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> X-Ray | <input type="checkbox"/> Mammography | <input type="checkbox"/> Computed Tomography |
| <input type="checkbox"/> Fluoroscopy | <input type="checkbox"/> Tomography | <input type="checkbox"/> Bone Mineral Density |
| <input type="checkbox"/> C-Arm | <input type="checkbox"/> Dental Radiography | |

Nuclear Medicine (Ionizing Radiation):

- | | | |
|---------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Scintigraphy | <input type="checkbox"/> SPECT | <input type="checkbox"/> SPECT/CT |
| <input type="checkbox"/> PET | <input type="checkbox"/> PET/CT | <input type="checkbox"/> PET/MRI |

Radiation Therapy (Ionizing Radiation):

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Proton Therapy | <input type="checkbox"/> Gamma Knife | <input type="checkbox"/> Linear Accelerator |
|---|--------------------------------------|---|

Magnetic Resonance Imaging (Non-Ionizing):

- | | |
|------------------------------|---|
| <input type="checkbox"/> MRI | <input type="checkbox"/> Interventional MRI |
|------------------------------|---|

Other: (please specify)

- _____

_____ Name of Medical Physicist (print)	_____ Signature of Medical Physicist
_____ License number and state of licensure	_____ Date

The applicant for the project to complete the following:

The undersigned applicant acknowledges and agrees that, despite this medical physicist certification:

- The applicant is responsible for ensuring that the installed equipment and final shielding conditions comply with all applicable codes and regulations.
- The Department of Health retains the authority to (a) review the submitted documents and/or inspect the associated work, and (b) revoke its approval of the application for failure to comply with the State Hospital Code.
- The applicant is obligated to implement any changes mandated by the Department to ensure compliance with the above-mentioned regulations, regardless of whether physical plant construction or alterations have been completed.
- The applicant must register the proposed ionizing producing equipment with the New York State Department of Health, Bureau of Environmental Radiation Protection, or if located within the five boroughs, register with the New York City Department of Health and Mental Hygiene.

_____ Applicant (print)	_____ Authorized Signature for Applicant
_____ Title	_____ Date