

# COMPUTERIZED TOMOGRAPHY and BONE DENSITOMETER X-RAY CHECKLIST

(A FACILITY checklist is required with this form)

Tube Control number \_\_\_\_\_ Room number \_\_\_\_\_  Unit is in storage and not being used.

Control panel manufacturer and serial no. \_\_\_\_\_

Tubehead manufacturer and serial no. \_\_\_\_\_

Computerized Tomography

Bone Densitometer

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## Checklist

Choose Y for yes (compliant), N for no (noncompliant) and N/A for not applicable. (All reg references preceded by 0400-20-)

- |    | Y                     | N                     | N/A                   |                                                                                                                                |
|----|-----------------------|-----------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Switch at control panel and any remote switch labeled "Caution Radiation". (05-.111(11))                                       |
| 2. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Does each room containing CT x-ray equipment have adequate shielding? (06-.04(2))<br>(For bone densitometer units, choose N/A) |

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## Worksheet (This section not required for RI use)

Techniques used: kVp \_\_\_\_\_ mA \_\_\_\_\_ sec \_\_\_\_\_ # of pulses \_\_\_\_\_

Areas where scatter determined:

1. \_\_\_\_\_  $\mu\text{R}$
2. \_\_\_\_\_  $\mu\text{R}$
3. \_\_\_\_\_  $\mu\text{R}$
4. \_\_\_\_\_  $\mu\text{R}$
5. \_\_\_\_\_  $\mu\text{R}$

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## Notes