

MEDICAL RADIOGRAPHIC CHECKLIST and WORKSHEET

(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. _____

Checklist

Choose Y for yes (compliant), N for no (noncompliant,) N/A for not applicable and DNT for did not test.

Y N N/A DNT (All reg references preceded by 0400-20-)

1. Switch at control panel and any remote switch labeled "Caution Radiation". (05-.111(11))
2. Proper technique chart posted and used. (04-.11(1)(e), 06-.04(4))
3. Patient and control panel visible at all times. (06-.05(2)(c)1.)
4. Operator remains in protected area during exposures [for stationary units]. (06-.05(2)(c)5.(ii)(II)I)
5. Operator 2 meters away from primary beam [for mobile units]. (06-.05(2)(c)5.(ii)(II)II)
6. Beam axis indicator for fixed units. (06-.05(2)(c)7.)
7. Tubehead stable. (Drifts or vibrates) (06-.05(2)(a)12.)
8. Technician uses collimator correctly. (04-.12(1)(a)2, 06-.04(4), and 06-.05(2)(a)1)
9. Exposure interrupt for time > 0.5 seconds. (06-.05(2)(c)5.(ii)(I)I)
10. Distance from the x-ray field center to the light field center less than 2% of test SID. (06-.05(2)(c)2.)
11. Difference in dimensions of the light field and the x-ray field less than 2% of the test SID. (06-.05(2)(c)2.)
12. Exposure and timer reproducible. (06-.05(2)(c)5.(iv), 06-.05(2)(c)5.(v))
13. mm of Al HVL/Filtration adequate. (06-.05(2)(a)2.(i) or (ii))

Worksheet

Settings:

kVp: _____

mA: _____

sec: _____

OR

mas: _____

Measurements:

kVp Measured: _____

HVL Measured: _____

OR

Total Filtration Measured: _____

[kVp<50, 0.5 mmAl: kVp 51-70, 1.5: kVp>71, 2.5]

Exposure Readings:

mR	Time

Reproducibility:

	mR	Time
Average		
Max		
Min		
Difference		
x 5		

Source to Image Distance (SID): _____

2% of SID: _____

Notes