# **BLANK FORMS**

## Form 1 Processor Quality Control Chart

Processor:		Film:	 			 Emı	ılsio	on <del>i</del>	#: _							\	'ea	r: _		 _			
Month																							
Day																							
Performed by																							
Developer Temperatur	re																						
DD = Step - Ste	р			•	•		•		·					1	'				1				
+(	0.15																						
+(	0.10																						
+(	0.05																						
Density																							
Difference																							
	0.05																						
	0.10																						
-0.	.15																						
Mid Density Step	=																						
+(	0.15																						
+(	0.10																						
+(	0.05																						
Mid																							
Density																							
-(	0.05																						
-(	0.10																						
-(	0.15																						
Base + Fog Step =	:																						
+(	0.03																						
Base +																							
Fog																							
-(	0.03																						
Date							Dor	nor	rlz o z	/ / 0	tior	, T	aker										$\neg$
Date							KCI	mai	KS/	AC	uoi	1 1 (	akcı	.1									_
																							$\Box$
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#### Form 2 Establishing Film Processor Operating Levels Worksheet

Record all 21-density readings for each strip under the appropriate step and B+F (Base plus Fog)

Determine average for each step and B+F.

Step#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	B+F
Strip1																						
Strip 2																						
Strip 3																						
Strip 4																						
Strip 5																						
Average						·													·			

Determine the Mid-density (MD). This is the step with an average density closest to but not less than 1.20. Determine the High-density (HD). This is the step with an average density closest to 2.20. Determine the Low-density (LD). This is the step with an average density closest to but not less than 0.45. Determine the Density-difference (DD). Subtract the LD from the HD.

	Mid-density (MD)	High-Density (HD)	Low-density (LD)
Step #			
Average density			

Density difference (DD) = HD - LD	
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## Form 3 Cross-Over Data Sheet

Date Performed:

	(	Old Emul	sion Data		_			New En	nulsio	n Data	ı
		Old Emu	ulsion#					New I	Emulsi	ion#	
	Base + Fog	MD	HD	-	Base -	+ Fog	MD		LD	HD	
Strip 1					-						
Strip 2					-						
Strip 3					-						
Strip 4					-						
Strip 5											
					7						
Average											
					7						
	Densi	ty Differe	nce = HD - L	D			Dei	nsity Diffe	rence	= HD	– LD
		DD	) =					]	DD =		
Determi	ning Differe New E	nces Betw mulsions	een Old and			Determin		New Oper vel and D			from Old
	Base + Fog	MD	DD				E	Base + Fog	M	D	DD
New Emulsion Average						Difference (New-Old)					
Old Emulsion Average					-	Old Operating Level					
		T		<u> </u>	-			,			
Difference (New-Old)						New Operating Level (Diff +Old)	g				

Form 2 Laser F										E:	lm.						
Year:		Lase	тп	11 Г11	mer.					Г	lm: _		 			_	
Month																	
Day																	
Initials																	
00/	2.6	I				1								1	1	1	
0%	2.6		-														1
	2.45																
	2.3																
10%	2.25																
10%	2.23																
	2.10																
	1.95																
40%	1.00													1		1	
40%	1.00																
	1.15																
	1.30																
	0.22				<b></b>		·····			·····	·	<b></b>	 ·····				
90%																	
	0.3																
	0.38											•	 				
5% visible in 0%	1	I	1			1								1	1	1	<u> </u>
95% visible in 0%																	
2070 (151010 III 1)	J J / U					<u> </u>	1			1	I .	I .	 	1	<u> </u>	1	1
Date							Re	marks	s/Acti	on Ta	aken						

Form 5	<b>Quality Control Log - Bimonthly Test</b>
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Each time a listed procedure is completed, person performing it must fill in date, their initials and note if equipment passed or failed. If equipment failed, the ppropriate person(s) must be notified and corrective action taken. Procedure should be repeated after correction to ensure that equipment now passes. 'erformance and results of repeat tests should be listed on chart.

PASS	F = FAILED	Y = YES	 N = NO					
	Date							
Processor Maintenance &	Performed by							
Chemicals (page 30)	If equipment failed, appropriate person(s) notified							
	Date							
	Performed by							
	If equipment failed, appropriate person(s) notified							
	Date							
	Performed by							
	If equipment failed, appropriate person(s) notified							

Form 6	Quality	Control Log -	<b>Semi-Annual</b>	<b>Tests</b>
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Each time a listed procedure is completed, person performing it must fill in date, their initials and note if equipment passed or failed. If equipment failed, the appropriate person(s) must be notified and corrective action taken. Procedure should be repeated after correction to ensure that equipment now passes. Performance and results of repeat tests should be listed on chart.

P = PASS	F = FAILED	Y = YES	N = NC	)					
Repeat Rate	Date								
Calculation (Procedure 9)	Performed by								
(Page 39) Form 10, Page 83	Repeat Rate Calculated								
Artifact Evaluation	Date								
(Procedure 10)	Performed by								
(Page 41)	If equipment failed, appropriate person(s) notified								
	Date								
Analysis of fixer Retention	Performed by								
(Procedure 11) (Page 43)	If artifacts present, appropriate person(s) notified								
Darkroom Fog	Date								
(Procedure 12) (Page44)	Performed by								
	If equipment failed, appropriate person(s) notified								

Form 7	Quality Control Log - Annual Tests Part	1
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Each time a listed procedure is completed, person performing it must fill in date, their initials and note if equipment passed or failed. If equipment failed, the appropriate person(s) must be notified and corrective action taken. Procedure should be repeated after correction to ensure that equipment now passes. Performance and results of repeat tests should be listed on chart.

P = PASS	F = FAILED	Y = YES	N = NO					
	Date							
Screen-Film Contact	Performed by							
(Procedure 13A) (Page 47)	If equipment failed, appropriate person(s) notified							
	Date							
Cassette Integrity	Performed by							
(Procedure 13B) (Page 48)	If equipment failed, appropriate person(s) notified							
	Date							
Screen Cleaning	Performed by							
(Procedure 13C) (Page48)	If equipment failed, appropriate person(s) notified							
Lead Apron,	Date							
Gloves, Gonadal and Thyroid Shield Integrity Check (Procedure 14) (Page 49)	Performed by							
	If equipment failed, appropriate person(s) notified							

Page \_\_\_\_\_ of \_\_\_\_ Each time a listed procedure is completed, person performing it must fill in date, their initials and note if equipment passed or failed. If equipment failed, the appropriate person(s) must be notified and corrective action taken. Procedure should be repeated after correction to ensure that equipment now passes. Performance and results of repeat tests should be listed on chart.

P = PASS	F = FAILED	Y = Y	ES	N = 1	ON					
	Date									
Medical Physicist's QC	Performed by									
Survey (Page 50)	If problems found, appropriate person(s) notified									
	Date									
Quality Assurance	Performed by									
Program Review (Page51)	If problems found, appropriate person(s) notified									
	Date									
	Performed by									
	If equipment failed, appropriate person(s) notified									

### Form 9 Facility's Equipment Visual Checklist

Each time a listed procedure is completed, person performing it must fill in date, their initials and note if equipment passed or failed. If equipment failed, the appropriate person(s) must be notified and corrective action taken. Procedure should be repeated after correction to ensure that equipment now passes and results recorded.

P = PASS F = FAILED Y = YES N = NO

Person Performing							
	Date						
If equipment pers	nt failed, appropriate on(s) notified						
	Meters						
	Displays						
Control Panel	Indicator Lights						
	Fixed Technique Factors						
	AEC Display						
	Exposure Switch						
			1				
	Illuminator						
Collimator/ Indicators/	Locks & Detents						
Locks	SID Indicator						
	Sizing Controls						
	Table Movement						
Table	Bucky Movement						
	Cables						
			<u> </u>				
General	Interlocks						
	Mechanical						
	Luminance						
View boxes	Surface Cleanliness						

## Form 10 Repeat Analysis Form

Date Analysis Began	Date Analysis Ended	
Initial Film Count Analysis Performed By	Ending Film Count	Total Number of Films Used
	Category	Number Of Films

Category	Number Of Films Repeated
Equipment	
Darkroom/Film Handling	
Processor	
X-Ray Unit Malfunction	
Other (specify)	
Other (specify)	
Patient	
Motion	
Other Body Parts on Film	
Jewelry/Foreign Objects	
Other (specify)	
Other (specify)	
X-ray Personnel Error	
Positioning	
Incorrect Markers/Patient ID	
Overexposed	
Underexposed	
Other (specify)	
Other (specify)	
Total Repeated Films	

 $\begin{aligned} \text{Repeat Rate} &= \underline{\text{Total Repeated Films}} = \\ &\quad \text{Total Exposed Films} \end{aligned}$ 

Calculated Repeat Rate %
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Comments:

#### Form 11 X-ray Field/Light Field Alignment

Each time procedure is completed, person performing it must fill in date, their initials and note if equipment passed or failed. If equipment failed, the appropriate person(s) must be notified and corrective actions taken. Procedures should be repeated after correction to ensure that equipment now passes and the results recorded.

To be performed quarterly (i.e. every 3 months) and after each corrective action including changing light bulb.

Date								
Person performin	g							
Is this test perform	Is this test performed after a corrective action?							
a	2% of SID = (SID)(.02) =							
Measure	distance between x-ray field and light field for each side							
b	Long side $1 = L1 =$							
c	Long side $2 = L2 =$							
d	L1 + L2 =							
e	Is answer in box d less or equal to the answer in box a? If yes, the long sides pass. If no, the long sides fail.							
f	Short side 1 = S1 =							
g	Short side $2 = S2 =$							
h	S1 + S2 =							
i	Is answer in box h less or equal to the answer in box a? If yes, the short sides pass. If no, the short sides fail.							
	Check here if <b>BOTH</b> box e and box i are <b>YES</b> , equipment <b>PASSES</b> .							
	Check here if <b>EITHER</b> box e or box i is <b>NO</b> , equipment <b>FAILS</b> .  Service must be called. After service repeat test. If equipment fails, notify appropriate person(s).							
<b>Comments:</b>								