

# **BLANK FORMS**



## 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	
Strip 1																							
Strip 2																							
Strip 3																							
Strip 4																							
Strip 5																							

Average																							
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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:

<b>Old Emulsion Data</b>				
Old Emulsion #				
	Base + Fog	MD	LD	HD
Strip 1				
Strip 2				
Strip 3				
Strip 4				
Strip 5				

<b>New Emulsion Data</b>				
New Emulsion #				
	Base + Fog	MD	LD	HD

Average				
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<b>Density Difference = HD - LD</b>
DD =

<b>Density Difference = HD - LD</b>
DD =

### Determining Differences Between Old and New Emulsions

	Base + Fog	MD	DD
New Emulsion Average			
Old Emulsion Average			

Difference (New-Old)			
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### Determining New Operating Level from Old Level and Differences

	Base + Fog	MD	DD
Difference (New-Old)			
Old Operating Level			

New Operating Level (Diff + Old)			
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**Form 5 Quality Control Log - Bimonthly Tests**

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 = YES      N = NO

Processor Maintenance & Chemicals (page 30)	Date														
	Performed by														
	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														

Comments can be recorded on reverse of form.

**Form 6      Quality Control Log - Semi-Annual Tests**

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 = YES

N = NO

Repeat Rate Calculation (Procedure 9) (Page 39) Form 10, Page 83	Date														
	Performed by														
	Repeat Rate Calculated														
Artifact Evaluation (Procedure 10) (Page 41)	Date														
	Performed by														
	If equipment failed, appropriate person(s) notified														
Analysis of fixer Retention (Procedure 11) (Page 43)	Date														
	Performed by														
	If artifacts present, appropriate person(s) notified														
Darkroom Fog (Procedure 12) (Page 44)	Date														
	Performed by														
	If equipment failed, appropriate person(s) notified														

Comments can be recorded on reverse of form.

**Form 7      Quality Control Log - Annual Tests Part 1**

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 = YES                      N = NO

Screen-Film Contact (Procedure 13A) (Page 47)	Date														
	Performed by														
	If equipment failed, appropriate person(s) notified														
Cassette Integrity (Procedure 13B) (Page 48)	Date														
	Performed by														
	If equipment failed, appropriate person(s) notified														
Screen Cleaning (Procedure 13C) (Page 48)	Date														
	Performed by														
	If equipment failed, appropriate person(s) notified														
Lead Apron, Gloves, Gonadal and Thyroid Shield Integrity Check (Procedure 14) (Page 49)	Date														
	Performed by														
	If equipment failed, appropriate person(s) notified														

Comments can be recorded on reverse of form.



**Form 8      Quality Control Log - Annual Tests Part 2**

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 = YES

N = NO

Medical Physicist's QC Survey (Page 50)	Date														
	Performed by														
	If problems found, appropriate person(s) notified														
Quality Assurance Program Review (Page51)	Date														
	Performed by														
	If problems found, appropriate person(s) notified														
	Date														
	Performed by														
	If equipment failed, appropriate person(s) notified														

Comments can be recorded on reverse of form.



**Form 10**

**Repeat Analysis Form**

Date Analysis Began \_\_\_\_\_ Date Analysis Ended \_\_\_\_\_  
 Initial Film Count \_\_\_\_\_ Ending Film Count \_\_\_\_\_ Total Number of Films Used \_\_\_\_\_  
 Analysis Performed By \_\_\_\_\_

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

$$\text{Repeat Rate} = \frac{\text{Total Repeated Films}}{\text{Total Exposed Films}} =$$

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 performing	
Is this test performed after a corrective action?	
a	$2\% \text{ of SID} = (\text{SID})(.02) =$
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>	

