Digital Mammography Unit QC Summary Checklist

Image Mode (2D, 2D w/Add-on DBT, DBT, All)

Facility _____ Room ID _____

MAP ID# (00000-00) ______ - ____

Unit Mfr & Model

·																														
Year										-																				
Month		Feb					Mar					Apr							Мау	,		Jun								
ACR DM Phantom Image Quality <i>(weekly)</i>																														
CR Cassette Erasure, if app <i>(weekly)</i>																														
Compression Thickness Indicator (monthly)																														
Visual Checklist (monthly)																														
AW Monitor QC (monthly)																														
Compression (semiannual)																														
Mfr Detector Calibration, if app																														
Overall (only need to com													omplete once for the facility)																	
Facility QC Review (quarterly)																														
Repeat Analysis (optional - as needed)	\$) 																													
Detector Calibration Freq: Date and initial each test: date initial												Cross out boxes where mfr calibration test is not required: X																		

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Image Mode (2D, 2D w/Add-on DBT, DBT, All)

MAP ID# (00000-00) _____ - ____

 Facility
 Room ID

 (00000-00)
 Unit Mfr & Model

Year																															
Month	Jul				Aug							Sep			Oct					Nov					Dec						
ACR DM Phantom Image Quality <i>(weekly)</i>																															
CR Cassette Erasure, if app <i>(weekly)</i>																															
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Detector Calibration Freq: Date and initial each test: date											Cross out boxes where mfr calibration test is not required: X																				

initial

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