

CT EQUIPMENT QUALITY CONTROL DATA FORM

Facility Name: _____

Month: _____ Year: _____

CT Scanner: _____

Day	Warm Up	Air Cals	Mode	CT _{water} (HU)	Noise (SD)	Artifacts	P/F	Initials
1			Axial					
2			Helical					
3			Axial					
4			Helical					
5			Axial					
6			Helical					
7			Axial					
8			Helical					
9			Axial					
10			Helical					
11			Axial					
12			Helical					
13			Axial					
14			Helical					
15			Axial					
16			Helical					
17			Axial					
18			Helical					
19			Axial					
20			Helical					
21			Axial					
22			Helical					
23			Axial					
24			Helical					
25			Axial					
26			Helical					
27			Axial					
28			Helical					
29			Axial					
30			Helical					
31			Axial					

Monthly Visual Checklist		<input checked="" type="checkbox"/>
GANTRY	Table height indicator functioning.....	
	Table position indicator functioning.....	
	Angulation indicator functioning.....	
	Laser localization light functioning.....	
	Acceptable smoothness of table motion.	
	X-ray on indicator functioning.....	
CONTROL CONSOLE	Exposure switch functioning.....	
	Panel switches/lights/meters working.....	
	X-ray on indicator functioning.....	
	Warning labels present.....	
OTHER	Intercom system functioning.....	
	Postings present.....	
	Service records maintained/accessible....	

Monthly Display Monitor Gray Level		<input checked="" type="checkbox"/>
SMPTE PATTERN	5% patch in 0%-5% is discernible.....	
	95% patch in 95%-100% is discernible.....	
	Distinct gray level steps.....	

Window: _____ Level: _____

Monthly Large Artifact Check	
If available, scan manufacturer's large phantom	
Artifacts:	

Date of Monthly QA: _____ Initials: _____

PASS = P or ✓ FAIL = F NOT APPLICABLE = NA

A = Axial H = Helical

Notes:
Warm up and Air Cals frequency are per manufacturer recommendation.
Continue Comments/Corrective action on back of sheet, if needed.

Action Limits:	CT _{water} = 0 ± 5 HU	SD: A: _____ - _____	H: _____ - _____
Comments/Corrective Action			

 Qualified Medical Physicist Reviewer Date of Review