

**WEEKLY MRI EQUIPMENT QUALITY CONTROL FOR MEDIUM PHANTOM**

MRI Facility Name:

MRI Scanner Identifier:

1	2	3	4	5	6	7	8	9	10	11	12	Tested By	Notes
Date	Setup & Table Position Accuracy		Center Freq (Hz)	TX Gain or Attenuation (dB)	Geometric Accuracy Measurements (Axial Slice #5 Diameter)			High-Contrast Spatial Resolution (Slice 1-Highest Resolved)		Low-Contrast Detectability (Slice # _____)	Artifact Evaluation		
	Accuracy OK?	Console OK?			H/F Sagittal Localizer Length (mm)	A/P (mm)	R/L (mm)	Upper Left	Lower Right	# of Spokes	Any present?		
<i>Action limits:</i>	$\pm 5\text{ mm}$	Yes/No			$134 \pm 2\text{ mm}$	$165 \pm 2\text{ mm}$	$165 \pm 2\text{ mm}$	$\leq 1.0\text{ mm}$	$\leq 1.0\text{ mm}$		Yes/No		

Reviewed by: \_\_\_\_\_  
 Qualified Medical Physicist/MRI Scientist

Date of Review: \_\_\_\_\_