WEEKLY MRI EQUIPMENT QUALITY CONTROL FOR SMALL PHANTOM

MR Facility Name: **MR Scanner Identifier:**

1	2	3	4	5	6	7	8	9	10	11	12		
	Setup & Table Position Accuracy		Center Freq (Hz)	TX Gain or Attenua-tion (dB)	Geometric Accuracy Measurements (Axial Slice #5 Diameter)			High-Contrast Spatial Resolution (Slice 1-Highest Resolved)		Low-Contrast Detectability (Slice # _____)	Artifact Evaluation		
Date	Accuracy OK?	Console OK?			H/F Sagittal Localizer Length (mm)	A/P (mm)	R/L (mm)	Upper Left	Lower Right	# of Spokes	Any present?	Tested By	Notes
Action limits:	*± 5 mm*	*Yes/No*			*100 ± 2 mm*	*100 ± 2 mm*	*100 ± 2mm*	*≤ 0.8 mm*	*≤ 0.8 mm*		*Yes/No*		

Reviewed by: _____ Date of Review: _____

Qualified Medical Physicist/MRI Scientist