WEEKLY MRI EQUIPMENT QUALITY CONTROL FOR LARGE PHANTOM

MRI Facility Name: **MRI 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**	**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*			*148 ± 2 mm*	*190 ± 2 mm*	*190 ± 2mm*	*≤ 1.0 mm*	*≤ 1.0 mm*		*Yes/No*		

Reviewed by: _____ Date of Review: _____

Qualified Medical Physicist/MRI Scientist