

NM Equipment Evaluation Summary

System: _____
 Address: _____
 System NMAP# _____ Unit #: _____
 System Manufacturer: _____
 Medical Physicist: _____
 Physicist Signature: _____

Report Date: _____
 Survey Date: _____
 Model: _____

Equipment Evaluation Tests

	Pass/Fail/NA
1. Intrinsic uniformity	
2. System Uniformity with all commonly used collimators	
3. Intrinsic or System Spatial Resolution	
4. System Sensitivity (count rate/unit activity)	
5. Relative Sensitivity	
6. Energy Resolution	
7. Count Rate Parameters	
8. Image Uniformity	
9. Monitor Evaluation	
10. System Interlocks	
11. Overall System Performance for SPECT Systems	
a. Uniformity	
b. Resolution	
c. Contrast	

Evaluation of Technologist QC Program

		Pass/ Fail
1. Daily Uniformity Check		
2. Daily CT check (SPECT/CT systems)		
3. Weekly Bar Phantom		
	Date	
4. Semi-annual (quarterly preferred) SPECT ACR phantom		
5. Uniformity Calibration		
6. Center-of-Rotation/Head Alignment (SPECT Systems)		
7. Dose Calibrator Tests		
a. Accuracy		
b. Linearity		
c. Constancy		

Medical Physicist's Recommendations for Quality Improvement and Comments on Testing Procedures