

NM Equipment Evaluation Summary

System: _____ Report Date: _____
 Address: _____
 System NMAP# - Unit #: _____ Survey Date: _____
 System Manufacturer: _____ Model: _____
 Medical Physicist: _____
 Physicist Signature: _____

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 Monitor Evaluation	
9 System Interlocks	
10 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		
4. Semi-annual (quarterly preferred) SPECT ACR phantom	Date	
5. Uniformity Calibration (monthly or as specified by manufacturer)		
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