NM Equipment Evaluation Summary

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

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/Formatter Evaluation	
10	System Interlocks	
11	Monitor Evaluation	
12	Overall System Performance for SPECT Systems	
	a. Uniformity	
	b. Resolution	
	Contrast	
13	System interlocks	

Evaluation of Technologist QC Program	Date	**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		
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