## Digital Mammography Unit QC Summary Checklist

**Image Mode**: (2D, 2D w/Add-on DBT, DBT, All)

### Facility Information
- **Facility**: 
- **MAP ID#**: (00000-00) 
- **Room ID**: 
- **Unit Mfr & Model**: 

### Yearly QC Checklist

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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</thead>
<tbody>
<tr>
<td>ACR DM Phantom Image Quality</td>
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<tr>
<td>CR Cassette Erasure, if app</td>
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<tr>
<td>Compression Thickness Indicator</td>
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<tr>
<td>Visual Checklist</td>
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<tr>
<td>AW Monitor QC</td>
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<tr>
<td>Compression</td>
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<tr>
<td>Mfr Detector Calibration, if app</td>
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<tr>
<td>Facility QC Review (quarterly)</td>
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<tr>
<td>Repeat Analysis (optional - as needed)</td>
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</table>

**Overall** (only need to complete once for the facility)

### Detector Calibration Frequency
- **Detector Calibration Freq:** 

**Date and Initial each test:**
- **date**
- **initial**

**Cross out boxes where mfr calibration test is not required:**
- X

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**Radiologic Technologist’s Section**
# Digital Mammography Unit QC Summary Checklist

## Facility

**MAP ID#** (00000-00)  -  
**Unit Mfr & Model**  

## Image Mode

(2D, 2D w/Add-on DBT, DBT, All)  

## Year

<table>
<thead>
<tr>
<th>Month</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
</table>

### ACR DM Phantom Image Quality (weekly)

### CR Cassette Erasure, if app (weekly)

### Compression Thickness Indicator (monthly)

### Visual Checklist (monthly)

### AW Monitor QC (monthly)

### Compression (semiannual)

### Mfr Detector Calibration, if app

## Overall (only need to complete once for the facility)

### Facility QC Review (quarterly)

### Repeat Analysis (optional - as needed)

## Detector Calibration Freq: 

## Date and initial each test: 

<table>
<thead>
<tr>
<th>date</th>
<th>initial</th>
</tr>
</thead>
</table>

## Cross out boxes where mfr calibration test is not required: 

| X | X |

**Radiologic Technologist’s Section**

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