

Facility Display Device QC Summary Checklist

Facility _____ MAP ID# (00000) _____

Address _____

Address _____

QC Summary information for display devices at this MAP ID

Physical Location at Facility/ ID Designation	Device <i>(RW, film printer, viewbox)</i>	Manufacturer	Model						
Jan	Date								
	Tech Initials								
Feb	Date								
	Tech Initials								
Mar	Date								
	Tech Initials								
Apr	Date								
	Tech Initials								
May	Date								
	Tech Initials								
Jun	Date								
	Tech Initials								
Jul	Date								
	Tech Initials								
Aug	Date								
	Tech Initials								
Sep	Date								
	Tech Initials								
Oct	Date								
	Tech Initials								
Nov	Date								
	Tech Initials								
Dec	Date								
	Tech Initials								
Medical Physicist Survey Date									
Medical Physicist Name(s)									