## Medical Physicist’s ACR DM QC Test Summary

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>MAP ID-Unit#</th>
<th>Room ID</th>
<th>Report Date</th>
<th>Survey Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**X-Ray Unit Manufacturer**

<table>
<thead>
<tr>
<th>Control Panel Serial #</th>
<th>Manufacture Date</th>
<th>Installation Date</th>
</tr>
</thead>
</table>

**DM Unit Type:**
- [ ] Digital radiography (DR)
- [X] Computed radiography (CR)
- [ ] Digital Breast Tomosynthesis (DBT)

**Unit Use:**
- [ ] Diagnostic and screening mammography
- [X] Diagnostic only
- [ ] Screening only

**Survey Type:**
- [ ] Mammography equipment evaluation (MEE) - Full
- [ ] MEE - Partial
- [X] Annual survey

**Equipment Tested:**
- [ ] DM unit
- [ ] AW monitor
- [ ] RW monitor
- [ ] Viewbox
- [ ] Printer
- [ ] Other: __________________________

**Oversight Level:**
- [ ] Medical physicist on-site
- [X] Medical physicist oversight

**Quality Control Manual Used for Survey and Facility QC:**

2018 ACR Digital Mammography QC Manual (with 2D and DBT QC)

---

### QC Test Results

<table>
<thead>
<tr>
<th>Medical Physicist Tests</th>
<th>Pass/Fail*</th>
<th>2D**</th>
<th>2D Add-on DBT</th>
<th>DBT</th>
<th>CA</th>
</tr>
</thead>
</table>

- **1.** Mammography Equipment Evaluation - MQSA Reqs
- **2.** ACR DM Phantom Image Quality
- **3.** DBT Z Resolution
- **4.** Spatial Resolution
- **5.** DBT Volume Coverage
- **6.** Automatic Exposure Control System Performance
- **7.** Average Glandular Dose
- **8.** Unit Checklist
- **9.** Computed Radiography (if applicable)
- **10.** Acquisition Workstation Monitor QC
- **11.** Radiologist Workstation Monitor QC
- **12.** Film Printer QC (if applicable)
- **13.** Evaluation of Site’s Technologist QC Program
- **14.** Evaluation of Display Device Technologist QC Program
- **15.** Manufacturer Calibrations (if applicable)
- **16.** Collimation Assessment
- **MEE/Troubleshooting - Beam Quality (HVL) Assessment**
- **MEE/Troubleshooting - kVp Accuracy and Reproducibility**
- **Troubleshooting - Ghost Image Evaluation**
- **Troubleshooting - Viewbox Luminance**

### Medical Physicist

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

**Technologist QC Evaluation**

<table>
<thead>
<tr>
<th>Date reviewed if after new unit MEE:</th>
</tr>
</thead>
</table>

- **1.** ACR DM Phantom Image Quality
- **2.** Computed Radiography Cassette Erasure (if applicable)
- **3.** Compression Thickness Indicator
- **4.** Visual Checklist
- **5.** Acquisition Workstation Monitor QC
- **6.** Radiologist Workstation Monitor QC
- **7.** Film Printer QC (if applicable)
- **8.** Viewbox Cleanliness (if applicable)
- **9.** Facility QC Review
- **10.** Compression Force
- **11.** Manufacturer Calibration (if applicable)
- **Optional - Repeat Analysis**

---

**Your Phantom Results - 2D**

- Fiber (≥ 2.0)
- Speck grp (≥ 3.0)
- Mass (≥ 2.0)
- AGD (≤ 3.0 mGy)

**Your Phantom Results - DBT**

- Fiber (≥ 2.0)
- Speck grp (≥ 3.0)
- Mass (≥ 2.0)
- AGD (≤ 3.0 mGy)

* "Pass" means all components of test passes; "Fail" means any or all components fail; if "CA" checked, see Corrective Action Summary

** or DBT acquisition only

---

Medical Physicist's Section

DMQC MP FORMS
<table>
<thead>
<tr>
<th>Facility Name</th>
<th>MAP ID-Unit#</th>
<th>Room ID</th>
<th>Survey Date</th>
</tr>
</thead>
</table>

**Corrective Action Summary***

*Note: This is only a summary page, the Corrective Action Log Form may contain further details.*

<table>
<thead>
<tr>
<th>Required/Recommended</th>
<th>Time Frame</th>
<th>Description</th>
<th>Utilize Corrective Action Log Form</th>
<th>Date Completed</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Physicist's Section**