

## Ultrasound/Breast Ultrasound Equipment Annual Survey Summary

<b>Facility Name:</b>		
<b>UAP/BUAP #:</b>	<b>Unit #:</b>	<b>Report Date:</b>
<b>Serial Number:</b>		<b>Survey Date:</b>
<b>System Manufacturer:</b>		<b>Model:</b>
<b>Medical Physicist (or designee):</b>		
<b>Signature:</b>		

### Equipment Evaluation Tests

Test	Pass/Fail	Comments
1. Physical and Mechanical Inspection		
2. Image Uniformity and Artifact Survey		
3. Geometric Accuracy (Optional)		
4. System Sensitivity		
5. Scanner Electronic Image Display Performance		
6. Primary Interpretation Display Performance (Optional)		
7. Contrast Resolution (Optional)		
8. Spatial Resolution (Optional)		

Were all clinically used transducers tested?       YES       NO

Overall comments:

You must submit either this summary form, a similar form containing the same date, or the entire, most recent Annual System Performance Evaluation report.