**Appendix 2**

**Review of QC test results – Daily and weekly**

**Facility:**

**Equipment ID:**

***Please place a tick in the box when complete***

***and passed or a cross if failed***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Month** |  |  |  |  |  |  |  |  |  |  |
| **Automatic processor checks (daily)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tube warm-up (daily)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sensitometry (daily)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Checking replenishment rates (weekly)** | **Week 1** | **Week 2** | **Week 3** | **Week 4** |
|  |  |  |  |
| **Image receptor, intensifying screen cleaning (weekly)** | **Week 1** | **Week 2** | **Week 3** | **Week 4** |
|  |  |  |  |
| **CR image plate erasure (CR only) (weekly)** | **Week 1** | **Week 2** | **Week 3** | **Week 4** |
|  |  |  |  |
| **Cassette light leakage (weekly)** | **Week 1** | **Week 2** | **Week 3** | **Week 4** |
|  |  |  |  |
| **Image critique (weekly)** | **Week 1** | **Week 2** | **Week 3** | **Week 4** |
|  |  |  |  |

**Review of QC test results**

**Facility:**

**Equipment ID:**

***Please place a tick in the box when complete***

***and passed or a cross if failed***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **Year** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **Automatic processor cleaning (monthly)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Fixer retention rate analysis (monthly)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **X-ray equipment inspection (monthly)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Portable X-ray unit inspection (monthly)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Film Printer QC (monthly)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Viewing box test (monthly)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Image reject analysis (monthly)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **X-ray field / light field alignment (quarterly)** |  |  |  |  |
| **Consistency of Exposure Index (EI) (quarterly)** |  |  |  |  |
| **Image uniformity and artefact evaluation (quarterly)** |  |  |  |  |
| **Darkroom white light leakage test (6-monthly)** |  |  |
| **Safelight efficiency test (6-monthly)** |  |  |
| **Image quality test (6-monthly)** |  |  |
| **Film-screen contact test (6-monthly)** |  |  |
| **Routine service and medical physics checks (yearly)** |  |
| **Lead apron test (yearly)** |  |
| **LDRL production and NDRL comparison** |  |
| **Exposure indicator analysis** |  |