**Appendix 16**

**Reject Analysis – Record Sheet**

**Month:**

**X-ray equipment ID:**

|  |  |
| --- | --- |
| **Rejection Reason** | **Total number of images** |
| Required anatomy not included |  |
| Patient artefacts |  |
| Film artefacts |  |
| Exposure |  |
| Contrast |  |
| Film fogging |  |
| Patient movement |  |
| Patient rotation |  |
| Projectional incorrectness |  |
| Overlying structures |  |
| Expiratory image |  |
| **Total** |  |

**Total number of images for X-ray unit:**

**Rejection percentage for X-ray unit:**