

226.378.4532
London, Ont.

OWNER: _____

REF. # _____

ROOM: _____

DATE: _____

TECH _____

Q-A/Q-C
Records must
be kept for
6 yrs.

EQPT MAKE AND MODEL:			☐ INTRA-ORAL ☐ PAN ☐ CEPH ☐ OTHER		
CONT SER. #		TUBE SERIAL #			
ITEMS INSPECTED *	M-S	N-I	ITEMS INSPECTED *	M-S	N-I
1. Line 'ON' indicator			12. Kvp accuracy		
2. X-ray 'ON' indicator			13. H H-V-L (Filtration)		
3. Multiple tube indicators			14. H Collimation a. Pan		
4. Line voltage compensator			b. Ceph		
5. kV/mA/Tech indicator			c. Intra-oral		
6. Tube head leakage			15. H Patient exposure		
7. Tube head stability			16. Output reproducibility		
8. Interlocks			17. Timer: (mech/elect)		
(a) Multiple tubes			a. Resets or zeros		
(b) Pan-switch must be reset manually to resume exposure			b. Accuracy		
9. Labels			c. Linearity		
10. Warning Signs			d. Reproducibility		
11. Exposure switch			e. Time cycle - Pan		
a. ☐ Location					
b. ☐ Length					
c. Deadman					
d. Proper termination					
e. Inoperative at zero					

LEGEND *: M-S — Meets Standard N/C — Not Checked H - HARP
N-I — Needs Improvement N/A — Not Applicable Quality Assurance
By Regulation.

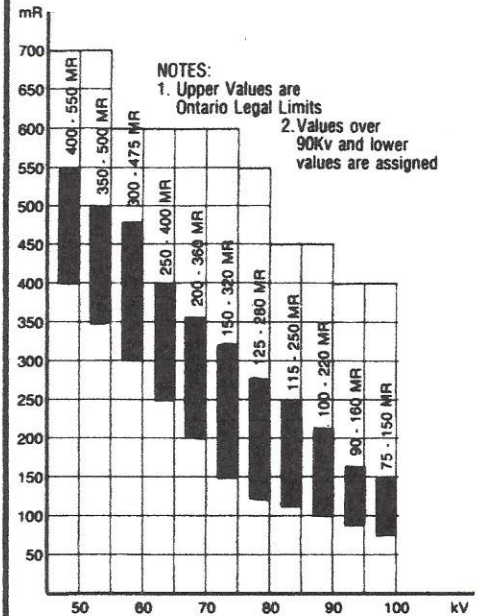
TEST PARAMETERS AND RESULTS

Technique Factors Set/Used				Measured Factors			
Cone length	kV	mA	Time or Other Setting	kVp	Time	Output in mR	P-E-E

REMARKS

PATIENT ENTRANCE EXPOSURE HISTOGRAM

Acceptable range for stated kVp
with your exposure marked as such
(for 'D' speed film)



P.E.E.
(Correctional
Factor
Applied)

HALF VALUE LAYER

kV —

mA —

Time —

OMM AI — mR

MM —

MM —

MM —

HVL —

HVL REQ