**General Radiographic Unit Survey Summary** Facility: Date: Room Number/Location: ECN: Manufacturer: Model Number: Tube Serial Number: **Comments** (failure comments must annotate Fail N/A **Test Performed** Pass minor or significant finding) Safety Equipment/ Mechanical Checks Radiation Exposure Reproducibility Timer Reproducibility Timer Accuracy Linearity of mGy/mAs Kilovoltage Accuracy Beam Quality **Light Field Intensity** Light Field/X-ray Beam Alignment X-ray Field Size - Indicated vs. Actual Central Beam Alignment Indicated Source to Image Distance (SID) Automatic Exposure Control (AEC) Entrance Skin Air Kerma **Additional Comments:** Purpose: Results:

Surveyor Name:

Surveyor Signature: