

General Fluoroscopy Unit Survey

Facility:	Date:
Room Number/Location:	ECN:
Manufacturer:	Manufactured Date:
Model Number:	Tube Serial Number:

Test Performed	Pass	Fail	N/A	Comments (failure comments must annotate minor or significant finding)
Safety Equipment & Mechanical Checks				
kVp Accuracy				
Air Kerma Rate (AKR)				
Maximum AKR				
Transmission Through Primary Barrier				
Beam Quality (HVL)				
Minimum SSD				
Minimum Field Size				
Fluoro Display Field Alignment				
Beam Central Alignment				
Pin-Cushion / “S ing” Distortion				
High Contrast Resolution				
Low Contrast Sensitivity				
Additional Comments:				

Purpose:	Results:
Surveyor Name:	
Surveyor Signature:	