

### Computed Tomography Unit Survey

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

Test Performed	Pass	Fail	N/A	Comments (failure comments must annotate minor or significant finding)
Review of Clinical Protocol				
Alignment Light Accuracy				
Scout Prescription Accuracy				
Table Travel Accuracy				
Radiation Beam Width				
Low-Contrast Performance				
Spatial Resolution				
CT Number accuracy				
Geometric or Distance Accuracy				
Radiation Dosimetry (CTDI <sub>vol</sub> )				
Scatter Radiation				
CT Scanner Display Calibration				
Quality-Control Program Review				

Additional Comments:

Purpose:	Results:
Surveyor Name:	
Surveyor Signature:	