

Ultrasound Scanner System Survey

Facility:	Date:
Room Number/Location:	ECN:
Manufacturer:	Model Number:

Test Performed	Pass	Fail	N/A	Comments (failure comments must annotate minor or significant finding)
Display Monitor Fidelity				
Hardcopy Fidelity				
Image Uniformity				
Vertical Distance Accuracy				
Horizontal Distance Accuracy				
Anechoic Object Imaging				
Axial Resolution				
Lateral Resolution				
Dead Zone				
Physical and Mechanical Inspection				

Additional Comments:

Transducer Model Number:	Serial Number:
Phantom Model Number:	Serial Number:

Purpose:	Results:
Surveyor Name:	
Surveyor Signature:	