

Direct Digital Radiography System Survey

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

Test Performed	Pass	Fail	N/A	Comments (failure comments must annotate minor or significant finding)
Mechanical Checks				
Dosimetry				
Dark Noise				
Linearity and System Transfer Properties				
Image Retention				
Detector Dose Indicator Consistency				
Uniformity				
Scaling Errors				
Blurring and Stitching Artifacts				
Limiting Spatial Resolution				
Threshold Contrast Detail Detectability				
Additional Comments:				

Purpose:	Results:
Surveyor Name:	
Surveyor Signature:	