

Computed Radiography Systems Survey

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

Test Performed	Pass	Fail	N/A	Comments (failure comments must annotate minor or significant finding)
Phosphor Plate Throughput				
Phosphor Plate Uniformity (Reproducibility)				
Exposure Indicator				
Linearity				
Laser Beam Evaluation				
Spatial Resolution				
Low Contrast Resolution				
Erasure Thoroughness				
Phosphor Plate Dark Noise				
Additional Comments:				

Purpose:	Results:
Surveyor Name:	
Surveyor Signature:	