

Dental Radiographic Unit Survey

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

Test Performed	Pass	Fail	N/A	Comments (failure comments must annotate minor or significant finding)
Safety Equipment/ Mechanical Checks				
Exposure Reproducibility				
Timer Reproducibility				
Timer Accuracy (IO)/ Duration of Exposure Cycle (Pano/CBCT)				
Linearity of mGy/mAs				
kVp Accuracy				
Beam Quality				
Minimum SSD				
X-Ray Field Size/ Cone Alignment				
X-Ray Beam/Slit Alignment				
Entrance Skin Air Kerma/Dose Area Product/Dose Indices				
Image Quality				
Acquisition Display Monitor Performance				
Additional Comments:				

Purpose:	Results:
Surveyor Name:	
Surveyor Signature:	