

Magnetic Resonance Imaging Unit Survey

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

Test Performed	Pass	Fail	N/A	Comments (failure comments must annotate minor or significant finding)
Magnetic Field Homogeneity				
ACR Phantom Acquisition				
Center Frequency				
Alignment Light Accuracy				
Slice Position Accuracy				
Slice Thickness Accuracy				
Geometric Accuracy				
High-Contrast Spatial Resolution				
Low-Contrast Detectability (LCD)				
Artifact Evaluation				
RF Coil checks (SNR, Ghosting, Uniformity)				
Soft Copy Display Evaluation				
Magnetic Field Room Survey				
Physical and Mechanical Inspection				
MRI Safety Program Assessment				
MRI Technologist QC Program Review				
Additional Comments:				

Purpose:	Results:
Surveyor Name:	
Surveyor Signature:	