

Nuclear Medicine Camera Unit 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)
Uniformity				
System Resolution				
Multi-Energy Registration				
Pixel Size				
Count Rate				
System Sensitivity				
System Linearity				
Center of Rotation (SPECT only)				
Slice Uniformity (SPECT only)				
Slice Thickness (SPECT only)				
In Place Resolution (SPECT only)				
Image Contract (SPECT only)				
Additional Comments:				

Purpose:	Results:
Surveyor Name:	
Surveyor Signature:	