

CRCPD STEREOTACTIC WORKSHEET

Developed by CRCPD's Committee on Mammography

INFORMATION

Survey Date _____

Surveyed By _____

Registration No. _____

Room No. _____

FDA Certified Facility? ☐ Yes ☐ No

If yes, Federal I.D. No. _____

Unit ACR Accredited? ☐ Yes ☐ No

Type Stereotactic System: ☐ Table
☐ Add On

Imaging System: ☐ Screen/Film Only

☐ Digital If Digital: ☐ Laser
☐ Stored Disk

►►Comments re Information:

EQUIPMENT TESTS

►Alignment

Indicated SID _____ cm Anode to Imaging Platform Distance _____ Source to Chamber Distance _____

X-ray-Field / Image Receptor Misalignment: Left Edge _____ cm Right Edge _____ cm

Anterior Edge _____ cm Chest Wall _____ cm

►Patient Dose

Technique Factors: Phototimed _____
Manual Mode _____

(Scout) Techniques:

kVp _____

mAs Setting _____

Matrix Setting _____

Measured Exposure and Time:

ESE _____ mR _____ ms

Glandular Dose _____ mRad

►HVL

kVp: _____

_____ mR at .0 mm

_____ mR at .1 mm

_____ mR at .2 mm

_____ mR at .3 mm

_____ mR at .4 mm

_____ mR at .5 mm HVL _____

►Reproducibility

kVp: _____ phototimed or manual mode

mAs _____

_____ mR _____ ms

_____ mR _____ ms

_____ mR _____ ms

_____ mR _____ ms

COV _____

►Linearity

kVp: _____

_____ mAs	_____ mR	_____ mR/mAs	_____ Ratio from adjacent
_____ mAs	_____ mR	_____ mR/mAs	_____ Ratio from adjacent
_____ mAs	_____ mR	_____ mR/mAs	_____ Ratio from adjacent
_____ mAs	_____ mR	_____ mR/mAs	_____ Ratio from adjacent
_____ mAs	_____ mR	_____ mR/mAs	_____ Ratio from adjacent <0.1

►kVp Accuracy

Indicated kVp: _____ Measured kVp: _____ %Error _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

►kVp Reproducibility

_____ Indicated Clinical kVp

Measured kVp: _____

COV _____

►Phantom Evaluation

Normal Mode: Digital _____ or Screen/Film _____

Large Phantom _____ Mini Phantom _____

Fibers _____ Specks _____ Masses _____ Artifacts _____

►►Comments re Equipment Tests:

QUALITY ASSURANCE

Technique Chart Posted? _____

Infection Control Procedures? _____

Procedures for Quality Control Testing Complete? _____

Medical Outcomes Audit Complete? _____

►►Comments re Quality Assurance:

QUALITY CONTROL

	Frequency Adequate?		Corrective Action?	
Localization Accuracy Test	Y	N	Y	N
Phantom Image Quality Test	Y	N	Y	N
Hardcopy Output Quality Test	Y	N	Y	N
Visual Equipment Check	Y	N	Y	N
Compression	Y	N	Y	N
Repeat Analysis	Y	N	Y	N
Processor QC (if film system)	Y	N	Y	N
Fixer Retention (if film system)	Y	N	Y	N
Darkroom Fog (if film system)	Y	N	Y	N
Screen/Film Contact (if film system)	Y	N	Y	N

►►Comments re Quality Control:

PHYSICIST REPORT

Date of Report _____

Performed By _____

Tests:

Conducted?

Corrective Action?

Unit Assembly Evaluation	Y	N	Y	N
Collimation Assessment	Y	N	Y	N
System Resolution	Y	N	Y	N
KVp Accuracy and Reproducibility	Y	N	Y	N
HVL Measurement	Y	N	Y	N
AEC or Manual Exposure	Y	N	Y	N
Performance Assessment	Y	N	Y	N
Uniformity of Screen Speed <i>or</i>	Y	N	Y	N
Digital Receptor Uniformity	Y	N	Y	N
Glandular Dose	Y	N	Y	N
Exposure Reproducibility	Y	N	Y	N
Image Quality Evaluation	Y	N	Y	N
Artifact Evaluation	Y	N	Y	N
Localization Accuracy Test	Y	N	Y	N
Review of Technologist's QC	Y	N	Y	N

►► Comments re Physicist Report:

X-RAY ROOM AND UNIT REQUIREMENTS

Pregnancy Warning Sign? _____ Radiation Area Sign? _____

Indication of Techniques Visible to Operator Prior to Exposure? _____ Operator Protection Adequate? _____

Warning Label? _____ Written Policies and Procedures Complete? _____

►► Comments re X-ray Room and Unit Requirements:

PERSONNEL MONITORING

Monitoring System Used? _____

Company _____

Records of Previous Employee Exposure Available? _____

►► Comments re Personnel Monitoring:

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