

PEAK KILOVOLTAGE DETERMINATION FIELD TEST RECORD
(Use Form FDA 2782, Field Test Record Continuation, if more space is needed.)

Print Legibly. Use Black Ball Point Pen. Enter One Character per Box. Do Not Write in Shaded Area.

FIELD TEST SERIAL NO. (1-8)

KV

REGIONAL REVIEW (NAME)

Card No.

(9-10)

Test Procedure:

1. **KV**
11 13

Technique Factors:

2. 14 16 kVp non-dental: 71 to 90 kVp dental: 70 kVp or lower

3. 17 20 mA

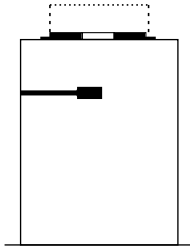
4. 21 24 sec OR 25 27 pulses

5. 28 30 mAs

30

Copper Transmission Data:

MDH (Exposure Mode)



6. at least 100mR dental add 3.5 mm Al
31 34 mR @ 0 0 mm Cu

7. 35 39 mR @ 40 42 mm Cu

8. 43 46 mR @ 47 49 mm Cu

9. 50 53 mR @ 54 56 mm Cu

10. less than 2% of Item 6
57 60 mR @ 61 63 mm Cu

REMARKS

	Copper Thicknesses (mm)				
	kVp	Item 7	Item 8	Item 9	Item 10
Dental:	65	0.46	0.87	1.00	1.26
	70	0.46	0.87	1.00	1.54
Non-Dental:	70	0.46	0.87	1.00	1.67
	80	0.54	1.00	1.33	2.13
	90	0.67	1.33	1.67	2.67

CHECK IF CONTINUATION SHEET USED