

Standard
No. 9-10

Test Procedure 1. <input type="checkbox"/> DR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Component Certification Information 2. Indicate the Status of Each as Follows: C - Certified V - Certified with a Variance N - Not Certified X - Not Present								
	<table style="width:100%;"> <tr> <td><input type="checkbox"/> 14 Beam Limiting Device</td> <td><input type="checkbox"/> 15 X-ray Controls</td> </tr> <tr> <td><input type="checkbox"/> 16 Tube Housing Assembly</td> <td><input type="checkbox"/> 17 Tube Housing Assembly With High Voltage Generator</td> </tr> <tr> <td><input type="checkbox"/> 18 Tube Housing Assembly With Beam Limiting Device</td> <td><input type="checkbox"/> 19 Tube Housing Assembly With Beam Limiting Device And High Voltage Generator</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> 20 Other (Specify in Remarks)</td> </tr> </table>	<input type="checkbox"/> 14 Beam Limiting Device	<input type="checkbox"/> 15 X-ray Controls	<input type="checkbox"/> 16 Tube Housing Assembly	<input type="checkbox"/> 17 Tube Housing Assembly With High Voltage Generator	<input type="checkbox"/> 18 Tube Housing Assembly With Beam Limiting Device	<input type="checkbox"/> 19 Tube Housing Assembly With Beam Limiting Device And High Voltage Generator	<input type="checkbox"/> 20 Other (Specify in Remarks)	
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<input type="checkbox"/> 20 Other (Specify in Remarks)									

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Tube Housing Assembly Information

3(a). Manufacturer	Mfr. Code
	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24
3(b). Model No.	Unique ID
	<input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30
Serial No.	Date of Mfr Mo/Yr
<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43	<input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47

Beam Quality

MDH (Pulse Exposure)
Over 70 kV - 4.5 mm Al
50-70 kV - 3.0 mm Al

Technique Factors

4. 48 49 50 kVp Over 70, if possible, if not, max value 51 52 53 mA

6. 54 55 56 sec. OR 58 59 60 pulses

7. 61 62 63 64 mAs

Beam Quality:

8. <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 mR @ <input type="checkbox"/> 16 <input type="checkbox"/> 17 mm Al	Over 70 kV	50-70 kV
	4.5 mm	3.0 mm
9. <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 mR @ <input type="checkbox"/> 23 <input type="checkbox"/> 24 mm Al	3.5 mm	2.0 mm
10. <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 mR @ <input type="checkbox"/> 30 <input type="checkbox"/> 31 mm Al	2.5 mm	1.5 mm
11. <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 mR @ <input type="checkbox"/> 37 <input type="checkbox"/> 38 mm Al	1.5 mm	1.0 mm

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Reproducibility

MDH (Pulse Exposure)
No Al in Beam

Reproducibility

12. <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 mR	13. <input type="checkbox"/> 44 <input type="checkbox"/> 45 msec
14. <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 mR	15. <input type="checkbox"/> 49 <input type="checkbox"/> 50 msec
16. <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 mR	17. <input type="checkbox"/> 54 <input type="checkbox"/> 55 msec
18. <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 mR	19. <input type="checkbox"/> 61 <input type="checkbox"/> 62 msec
18. <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 mR	19. <input type="checkbox"/> 63 <input type="checkbox"/> 64 msec
18. <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 mR	19. <input type="checkbox"/> 69 <input type="checkbox"/> 70 msec

(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.









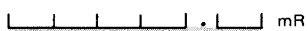



FIELD TEST SERIAL NO. (1-8)

DR

REGIONAL REVIEW (NAME)


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Reproducibility (Continued)


20.  mR	Data Here If Any Of Items 12, 14, 16 And 18 Differ By More Than 10 Percent Of Largest Value	21.  msec
22.  mR		23.  msec
24.  mR		25.  msec
26.  mR		27.  msec
28.  mR		29.  msec
30.  mR		31.  msec


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Linearity

32.  mA
If Change in mA Causes a kVp
Shift, Readjust kVp Setting to
Value Selected at Item 4 Above.



33.  mR

34.  mR

35.  mR

36.  mR


Field Size And Shape At Min SSD


37. Field Shape  Field Size  cm
R -- Rectangular C -- Circular


Minimum Source To Skin Distance:



39. Outside Separation of Image of Focal
Spot Strips  cm

Functional Requirements:

40. If Multiple Tubes Controlled By Single Exposure Switch, Then Indication Of Tube
Selection Both At Control Panel And At Selected Tube
Y -- YES
N -- NO
X -- N/A  41.

42. Technique Factors Visible At Operator's Position  Y -- YES
N -- NO 43.

44. Exposure Terminated After Present Time Interval, Preset mAs, Or Preset Number of Pulses  Y -- YES
N -- NO 45.

44. Timer Resets To Zero Or Initial Setting When
Exposure Switch Disengages  Y -- YES
N -- NO X -- N/A 45. An Exposure Can Be Made With Timer In
Zero Or Off Position  Y -- YES
N -- NO X -- N/A 46.

Remarks

CHECK IF CONTINUATION
SHEET USED