

(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)

MR

REGIONAL REVIEW (NAME)

Reproducibility (Continued)

22.		mR	Data here if any of items 14, 16, 18 and 20 differ by more than 10 percent of the largest value.	23.		msec
24.		mR		25.		msec
26.		mR		27.		msec
28.		mR		29.		msec
30.		mR		31.		mRm
32.		mR		33.		msec

Linearity

34. mA
 If change in mA causes a kVp shift, readjust kVp (if possible) to value selected at item 4 above.

35.

36.

37.

38.

Illuminance (uncorrected; SID = 42.5" (106cm))

39.		fc
40.		fc
41.		fc
42.		fc

X-Ray Field/Light Field Alignment:

43. Length Misalignment

44. Width Misalignment

Minimum Source To Skin Distance

45. Outside Separation of Image of Focal Spot Strips

Standby Radiation: (Capacitor discharge equipment only)

46. mR

47. min sec

REMARKS

CHECK IF CONTINUATION SHEET USED

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