

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
**ABOVE TABLE X-RAY SOURCE
FLUOROSCOPIC AND SPOT FILM SYSTEMS
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)

AF

REGIONAL REVIEW (NAME)

Card No.

(9-10)

Test Procedure:

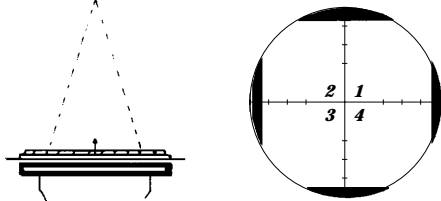
Component Certification Information

1. AF
11 13

2. Indicate the status of each as follows:
C -- Certified V -- Certified with a Variance
N -- Not Certified X -- Not Present

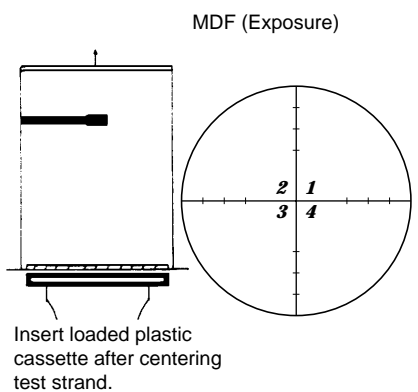
 Image Intensifier Fluoroscopic Imaging Assembly
14 (after 4/77) 15 (before 4/77)

Surveyor Protection and Tracking Tests



3. System Hazardous Y -- Yes N -- No
16
 If yes, describe hazard in remarks and discontinue testing!
 4. Beam Limiting Device Tracks Image Receptor Property Y -- Yes
 Worst Case SID _____ in OR _____ cm 17 N -- No X -- N/A

X-Ray Field/Image Receptor Alignment



MDF (Exposure)
 Insert loaded plastic cassette after centering test strand.

5. Source to TABLETOP Distance	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> cm
18	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> 21
6. Image Dimension	X-Ray Field Dimension
1/4: <u>22</u> <u> </u> <u> </u> <u> </u> <u> </u> in	10. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> cm
2/1: <u>28</u> <u> </u> <u> </u> <u> </u> <u> </u> in	11. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> cm
3/2: <u>34</u> <u> </u> <u> </u> <u> </u> <u> </u> in	12. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> cm
4/3: <u>40</u> <u> </u> <u> </u> <u> </u> <u> </u> in	13. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> cm
14. Source to TABLETOP Distance	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> cm
46	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> 49

Fluoro Control

23. Fluoroscopic Technique Factor Control Type <u> </u> <u>56</u> M -- Manual Only A -- Automatic Only B -- Both Manual And Automatic	1/4: <u>50</u> <u> </u> <u> </u> <u> </u> in	19. <u> </u> <u> </u> <u> </u> <u> </u> cm
	2/1: <u>57</u> <u> </u> <u> </u> <u> </u> in	20. <u> </u> <u> </u> <u> </u> <u> </u> cm
	3/2: <u>63</u> <u> </u> <u> </u> <u> </u> in	21. <u> </u> <u> </u> <u> </u> <u> </u> cm
	4/3: <u>69</u> <u> </u> <u> </u> <u> </u> in	22. <u> </u> <u> </u> <u> </u> <u> </u> cm

15. in Only part of test that requires magnification mode. Take out of this mode after completing the test.
 16. in
 17. in
 18. in

Entrance Exposure rate (BLD fully open, no magnification, remove slide assembly)

24. MINIMUM Source to TABLETOP Distance cm 11 14 End of BLD as close to 30 centimeters as possible.

MANUAL 25. kVp 15 17
 26. mA 18 19
 27. R/min 23

28. Is a high level control present? Y--Yes N--No 24 29. Continuous Audible Signal Upon Activation of High Level Control Y--Yes N--No X--N/A 25

20

21

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

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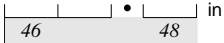
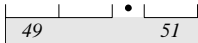


AF

REGIONAL REVIEW (NAME)

Entrance Exposure rate (Continued)

AUTO	30.  kVp	31.  mA	32.  R/min
33. Is a high level control present?	 Y--Yes N--No	34. Continuous Audible Signal Upon Activation of High Level Control	 Y--Yes N--No X--N/A

X-Ray Field/Spot Film Size Comparison

35. TABLETOP to SPOT-FILM PLANE Distance	 cm		
36. Film Dimension Along Table	 in OR  cm		
37. Film Dimension Across Table	 in OR  cm		
39. Light Field Along Table	 cm	39. Light Field Across Table	 cm

REMARKS

21