

# FLUOROSCOPIC CHECKLIST and WORKSHEET

(A FACILITY checklist is required with this form)

Tube control number \_\_\_\_\_ Room number \_\_\_\_\_ ☐ Unit is in storage and not being used.

Control panel manufacturer and serial no. \_\_\_\_\_

Tubehead manufacturer and serial no. \_\_\_\_\_

☐ Mobile C-arm ☐ Other \_\_\_\_\_ ☐ P.M. Completed \_\_\_\_\_

## Checklist

Choose Y for yes (compliant), N for no (noncompliant) and N/A for not applicable, and DNT for did not test. (All reg references preceded by 0400-20- )

- |     | Y                     | N                     | N/A                   |   |
|-----|-----------------------|-----------------------|-----------------------|---|
| 1.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Switch at control panel and any remote switch labeled "Caution Radiation". (05-.111(11))                                    |
| 2.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lead aprons provided and used by everyone in the room. (06-.05(2)(d)6.)   |
| 3.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lead gloves provided and used if hands approach the primary beam. (06-.05(2)(d)7.)  |
| 4.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Output limits met. (Entrance Skin Exposure or ESE) (06-.05(2)(d)13.(i))   |
| 5.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | X-ray tube potential and current continuously indicated. (06-.05(2)(d)13.(iv))  |
| 6.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Special means of activating HLC required. (06-.05(2)(d)13.(i)(I))   |
| 7.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Continuous audible signal present when HLC is activated. (06-.05(2)(d)13.(i)(II))   |
| 8.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Millimeters of Aluminum HVL/filtration adequate. (06-.05(2)(a)2.(i) or (ii))  |
| 9.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In the fluoro mode, stepless adjustment to reduce beam to 5 by 5 cm at the maximum SID. (06-.05(2)(d)4.)                    |
| 10. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | X-ray production by device requiring continuous pressure. (06-.05(2)(d)9.)  |
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cumulative timing device prevents x-ray production or sounds warning at preset time of 5 minutes or less. (06-.05(2)(d)10.) |
| 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Useful beam is attenuated by the primary barrier. (06-.05)(2)(d)2 and 3.)   |

## Worksheet

**Scatter:** \_\_\_\_\_ mR/hr above the barrier ((06-.05(2)(d)3.)

**Output:** AEC: \_\_\_\_\_ R/min at maximum techniques \_\_\_\_\_ kVp \_\_\_\_\_ mA \_\_\_\_\_ TF

HLC: \_\_\_\_\_ R/min at maximum techniques \_\_\_\_\_ kVp \_\_\_\_\_ mA \_\_\_\_\_ TF

AEC cannot exceed 10 R/min. FDA recommends HLC should not exceed 20 R/min. When kVp > 70, TF must be at least 2.5.

### **Primary Barrier Transmission:**

\_\_\_\_\_ mR/ hr scatter above the barrier < 2 x \_\_\_\_\_ R/min output at AEC max techniques = \_\_\_\_\_

## Notes