



MAMMOGRAPHY MACHINE INSPECTION

State Form 45711 (R2 / 5-12)
 INDIANA STATE DEPARTMENT OF HEALTH
 MEDICAL RADIOLOGY SERVICES

Facility registration number		Name of facility	
Date of inspection (month, day, year)	Date of last inspection (month, day, year)	Machine identification (check one) <input type="checkbox"/> Certified <input type="checkbox"/> Non-certified <input type="checkbox"/> Mixed	
Check to add this machine <input type="checkbox"/>	Check to delete this machine <input type="checkbox"/>	Name of new owner (if applicable)	
Machine number	Machine design (use codes)	Location within facility	Manufacturer
Model number	Serial number	Means of beam collimation (check one) <input type="checkbox"/> Adjustable <input type="checkbox"/> Cone <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/> None	
Maximum machine rating (kVp)	Maximum machine rating (mA/mAs)	Utilization mode <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> P	
Date of manufacture (month, year)		Date of installation (month, year)	
Explain all Unsatisfactory or Not Applicable answers on SF 47602, Comment Page.		Satisfactory	Unsatisfactory
		<input type="checkbox"/>	<input type="checkbox"/>
Dedicated equipment		<input type="checkbox"/>	<input type="checkbox"/>
Procedure manual		<input type="checkbox"/>	<input type="checkbox"/>
Target / filter combination		<input type="checkbox"/>	<input type="checkbox"/>
Anti-scatter grid capability		<input type="checkbox"/>	<input type="checkbox"/>
Terminate exposures greater than 1/2 second at any time		<input type="checkbox"/>	<input type="checkbox"/>
Control in shielded position		<input type="checkbox"/>	<input type="checkbox"/>
Indication of x-ray production - visual at operator position		<input type="checkbox"/>	<input type="checkbox"/>
Indication of x-ray termination - audible		<input type="checkbox"/>	<input type="checkbox"/>
Technique factors indicated before exposure		<input type="checkbox"/>	<input type="checkbox"/>
SID indicator (minimum 50 cm)		<input type="checkbox"/>	<input type="checkbox"/>
Half-value layer		<input type="checkbox"/>	<input type="checkbox"/>
Compression device meets requirements		<input type="checkbox"/>	<input type="checkbox"/>
% misalignment of light vs. radiant field		<input type="checkbox"/>	<input type="checkbox"/>
% misalignment of indicated vs. actual field size – chest wall		<input type="checkbox"/>	<input type="checkbox"/>
Radiation field restricted to image receptor size		<input type="checkbox"/>	<input type="checkbox"/>
Average glandular dose		<input type="checkbox"/>	<input type="checkbox"/>
kVp is accurate to +/- 2 kVp and meets all other requirements		<input type="checkbox"/>	<input type="checkbox"/>
Automatic exposure control is present and meets all other requirements		<input type="checkbox"/>	<input type="checkbox"/>
Reproducibility - exposure		<input type="checkbox"/>	<input type="checkbox"/>
Reproducibility - timer		<input type="checkbox"/>	<input type="checkbox"/>
Linearity		<input type="checkbox"/>	<input type="checkbox"/>
QUALITY ASSURANCE			
Program in place		<input type="checkbox"/>	<input type="checkbox"/>
Program reviewed annually		<input type="checkbox"/>	<input type="checkbox"/>
Records available for three (3) years		<input type="checkbox"/>	<input type="checkbox"/>
Processor performance evaluated prior to first patient - Daily		<input type="checkbox"/>	<input type="checkbox"/>
Dark room cleanliness - Daily		<input type="checkbox"/>	<input type="checkbox"/>
Processor performance - Daily		<input type="checkbox"/>	<input type="checkbox"/>
Screen cleanliness - Weekly		<input type="checkbox"/>	<input type="checkbox"/>
Viewbox / viewing conditions - Weekly		<input type="checkbox"/>	<input type="checkbox"/>
Image quality (phantom) - Monthly		<input type="checkbox"/>	<input type="checkbox"/>
Repeat / retake analysis - Quarterly		<input type="checkbox"/>	<input type="checkbox"/>
Fixer retention analysis – Quarterly		<input type="checkbox"/>	<input type="checkbox"/>
Dark room fog – Semi-annually		<input type="checkbox"/>	<input type="checkbox"/>
Screen-film contact – Semi-annually		<input type="checkbox"/>	<input type="checkbox"/>
Compression – Semi-annually		<input type="checkbox"/>	<input type="checkbox"/>
AEC density control function - Annually		<input type="checkbox"/>	<input type="checkbox"/>
Star pattern focal spot size - Annually		<input type="checkbox"/>	<input type="checkbox"/>
Uniformity of screen speed - Annually		<input type="checkbox"/>	<input type="checkbox"/>
Assembly physical evaluation - Annually		<input type="checkbox"/>	<input type="checkbox"/>
Phantom images (4 fibrils, 3 masses, and 3 speck groups)		<input type="checkbox"/>	<input type="checkbox"/>
Signature of physicist		Date (month, day, year)	
Printed name of physicist		Physicist number	