

**NJDEP  
Medical Physicist's  
Computed Tomography QC Survey**

<b>PLEASE PRINT</b>			
<b>Facility Information</b>			
Facility Name			
NJDEP ID #			
<b>Unit Information</b>			
Registration #			
Manufacturer		Model Name	
Console Model #		Console serial #	
<b>QC Survey Information</b>			
Date of QC Survey			
Qualified Medical Physicist Name			

<b>CERTIFICATION STATEMENT</b>			
I certify that to the best of my knowledge the information in this document and all attached documents is true, accurate and complete.			
Medical Physicist Signature		Date	

Item	Description	Pass	Needs Repair	N/A	NJAC 7:28
<b>Computed Tomography Equipment Evaluation</b>					
1.	Registered with Department and copy maintained.				3.1
2.	Structural shielding and radiation safety survey completed and copy maintained.				15.10
3.	QA program manual developed and implemented				22.4
4.	Initial QA survey completed and copy maintained.				22.10
5.	Technical and safety information supplied by the manufacturer maintained near control panel.				15.7(b)1
6.	Visual indication of x-ray production at control panel and gantry.				15.7(b)9
7.	Emergency off switch at control panel and in the CT room.				15.7(b)13
8.	Two way aural communication between the patient and operator available.				15.7(c)1
9.	Method to continuously observe the patient during irradiation by the operator provided.				15.7(c) 2
10.	Both the pediatric and adult scan protocols are separate and unique.				22.10(e)3

## CT Registration No.:

### Medical Physicist's Computed Tomography QC Survey Data Form

Permanently maintain a written copy, film and digital copy of initial QC Survey. Maintain a written copy, film and digital copy of annual QC Survey for two years. Attach all raw data, results and recommendations for tests performed.

Item	Description	Pass	Needs Repair	Measured	Standard or Acceptance Level
1.	Scan Increment Accuracy Measure 300mm in one direction and back to original position and repeat test in opposite direction				± 1mm
2.	Scan Localization Light Accuracy Measure for both internal and external alignment lights				±5mm
3.	Patient Dose (MSAD) or (CTDI) Measured dose for all standard scan conditions for both Head and Body				*
4.	Pre-Patient Collimation Accuracy Measure each slice width typically used				*
5.	Contrast Scale				*
6.	CT Number for Water				*
7.	Slice Thickness Measure each slice width typically used				*
8.	Field Uniformity Measured for both head and body				*
9.	Low Contrast Resolution				*
10.	High Contrast Resolution Scan phantom in all standard head and body modes				*
11.	Noise Measured for both head and body				*

*\*Insert CT equipment or phantom manufactures specification or acceptance level.*

**CT Registration No.:**

<b>Review of Facility/Technologist QC Test Records</b>					
22.	All QC tests comply with the minimum frequencies and standards as per N.J.A.C. 7:28-22.7.				22.7
	If no, please specify finding(s)				
<b>Summary of Areas Needing Correction</b>					
<b>Recommendations</b>					
<b>Statement of Meeting for QA Program Review</b>					
Date of the Meeting/Conference Call					
Persons Attending					
<b>Registrant's Receipt of Report</b>					
I have received this report and I agree to correct any deficiencies in accordance with N.J.A.C. 7:28-22.10(e).					
Registrant or designee signature				Date	