

QC TESTS DENTAL

NAME OF FACILITY.....

TABLE 1: EXPOSURE STATISTICS

TYPE OF PROCEDURE	PROJECTION	TIME (S)	FREQUENCY PER WEEK	AVERAGE ENTRANCE DOSE

WORKLOAD:

TABLE 2: SCATTER RADIATION MEASUREMENTS

LOCATION	DOSE RATE (~Sv/h)

TABLE 3: kV ACCURACY AND CONSISTENCY

INDICATED kV	MEASURED kV			Avg kV
	1	2	3	

TABLE 4: TIMER ACCURACY CHECK

INDICATED VALUE (s)	MEASURED VALUE (s)			AVERAGE
	1	2	3	

TABLE 5: OUTPUT CONSISTENCY

(a) VARIATION WITH t

kV	mAs	t(s)	mGy			Avg mGy	mGy/mAs
			1	2	3		

OUTPUT CONSISTENCY ACCEPTABLE: YES..... NO.....

Name of inspector(s).....

Date.....