

Carestream Health Mammography Phantom Image Control Chart

Date		Action		Date		Action	

Date		Emulsion Number		Date		Emulsion Number	

Carestream Health Mammography Phantom Image Worksheet

Unit _____ Processor _____ Initials _____ Date _____

Exposure Factors

MANUAL

kVp _____ mA _____

Exposure time (seconds) _____

AUTOMATIC EXPOSURE CONTROL

kVp _____ mAs _____

Photocell position _____

Density Information

Optical density of background _____

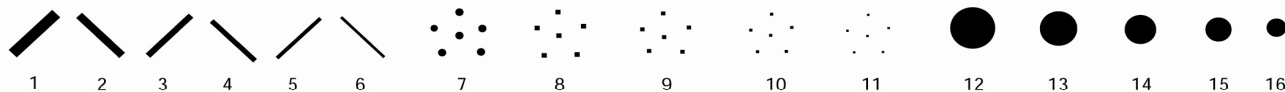
Optical density of disc _____

Density difference
(Optical density of background
minus optical density of disc) _____

Technique

GRID **NON-GRID**

Mammographic Phantom (score objects seen)



Fibers

- ___ 1. 1.56 mm nylon fiber
- ___ 2. 1.12 mm nylon fiber
- ___ 3. 0.89 mm nylon fiber
- ___ 4. 0.75 mm nylon fiber
- ___ 5. 0.54 mm nylon fiber
- ___ 6. 0.40 mm nylon fiber
- ___ **TOTAL score of fibers**

Specks

- ___ 7. 0.54 mm Al₂O₃ specks
- ___ 8. 0.40 mm Al₂O₃ specks
- ___ 9. 0.32 mm Al₂O₃ specks
- ___ 10. 0.24 mm Al₂O₃ specks
- ___ 11. 0.16 mm Al₂O₃ specks
- ___ **TOTAL score of specks**

Masses

- ___ 12. 2.00 mm mass
- ___ 13. 1.00 mm mass
- ___ 14. 0.75 mm mass
- ___ 15. 0.50 mm mass
- ___ 16. 0.25 mm mass
- ___ **TOTAL score of masses**

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Carestream Health Mammography X-Ray Equipment Visual Checklist

Unit _____ Location _____ Year _____

Pass: ✓ Fail: F Not applicable: NA	Month										
	Date										
	Initials										
C - A r m											
SID indicator or marks											
Field light control/bulb											
Aperture plates/cones/collimators											
Angulation indicator or marks											
Angulation control(s)											
Vertical drive control(s)											
Motorized compression control(s)											
Filter switch											
High-tension cable/other cables											
Other											
I m a g e R e c e p t o r											
Non-grid cassette holders/locks											
Grid assemblies/connections											
Full breast compression devices											
Spot compression devices											
Compression scale											
Amount of compression, motorized											
Amount of compression, pneumatic											
Amount of compression, manual											
AEC controls											
Other											
O p e r a t o r C o n t r o l A r e a											
Exposure switch											
Protective shield/window											
Panel control switches											
Panel indicators											
Panel meters											
Technique charts											
Other											
O t h e r											
Footswitch controls											
Radiation protection gear											
Cleaning solution/towels											

R e m a r k s											
Date	Action										

Carestream Health Mammography Repeat Analysis Worksheet

Analysis Period _____ Initials _____ Total Number of Films Used (TNF) _____ Year _____

Category	Number of Films (NF)	Percentage of Repeats (NF ÷ TRP x 100)
1. Positioning		%
2. Patient Motion		%
3. Light Films		%
4. Dark Films		%
5. Black Films		%
6. Static		%
7. Fog		%
8. Incorrect Patient ID or Double Exposure		%
9. Mechanical		%
10. Miscellaneous		%
11. Good Films (no apparent problem)		%
12. Clear Films		
13. Wire Localization Films		
14. QC Films		
TOTAL of All Rejects (TRJ) (Add NFs from Categories 1–14)		
TOTAL of All Repeats (TRP) (Add NFs from Categories 1–11)		

Percentage Rejects (TRJ ÷ TNF x 100)	%
Overall Percentage Repeats (TRP ÷ TNF x 100)	%

Is the overall percentage of repeats between 2%–5%? Yes No

Is the percentage of repeats for each category similar? Yes No

Categories for improvement _____

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Carestream Health Mammography Quality Control Log

Initial or Check (✓) upon completion Unit _____ Processor _____ Month/Year _____

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Quality Control Tests—Minimum Frequencies	Darkroom Cleanliness <i>Daily</i>																																
	Processor Quality Control <i>Daily</i>																																
	Screen Cleanliness <i>Weekly</i>																																
	Viewboxes & Viewing Conditions <i>Weekly</i>																																
	Phantom Images <i>Weekly</i>																																
	Equipment Visual Checklist <i>Monthly</i>																																
	Repeat Analysis <i>Quarterly</i>																																
	Analysis of Fixer Retention <i>Quarterly</i>																																
	Darkroom Fog <i>Semi-Annually</i>																																
	Screen-Film Contact <i>Semi-Annually</i>																																
	Compression <i>Semi-Annually</i>																																

Date	Remarks	Date	Remarks

Record additional remarks on the back of this sheet.

Carestream Health Mammography Quality Control Log

Date	Remarks	Date	Remarks