CT Phantom QC

FORM 20

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Unit or Phantom or Protocol: _____ **CT-Number or Noise Limits Reference:** _____

Use the approved phantom and protocol. Record CT number, noise, and artifacts at the applicable test frequency.

Date	CT Number HU	Noise Value or Units	Artifacts or Observation	Pass or Fail	Action or Retest Reference	Operator

CT Phantom QC

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____