CBCT or Digital QC Measurements

FORM 21

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

Unit or System: _____ **QC Schedule or Limits Reference:** _____

Use applicable manufacturer instructions and qualified-expert QC procedures; document test limits and schedules.

Date	Test or Protocol or Phantom	Measurement or Units	Tolerance or Result	Action or Retest Ref.	Operator

CBCT or Digital QC Measurements

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): _____