# Mammography Film Processor QC

FORM 25

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

**Processor or Film:** _____ **Operating Levels or Limits Reference:** _____

Use clinical mammography film. Compare to established operating levels and applicable action limits.

| Date | Base + Fog Density | Mid-Density | Density Difference | Pass or Fail | Action or Retest Ref. | Initials |
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# Mammography Film Processor 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):** _____