Fluoroscopic Image Resolution

FORM 19

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

Unit or Equipment ID: _____ **Test Procedure or Limits:** _____

Record numeric results, method, and acceptance criteria at the required frequency; retain the full report.

Test Date	Unit or Mode or Test Object	Measured Resolution or Units	Criteria or Result or Report Reference	Performed By or Corrective Action

Fluoroscopic Image Resolution

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): _____