Therapy Spot Checks

FORM 36

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

Unit or Energy Class: _____ **Physicist Procedure or Frequency:** _____

Record each parameter and correction. Obtain qualified-physicist review by the deadline in the applicable program.

Date or Parameter	Mode or Setup	Measured Value or Units	Baseline or Tolerance or Result	Action or Retest Reference	Performed By

Therapy Spot Checks

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

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Physicist Review or Signature or Date: _____

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

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

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

Retention(s) or Trigger(s): _____