

NM Equipment Evaluation Summary

System: _____ Report Date: _____
 Address: _____
 System NMAP# - Unit #: _____ Survey Date: _____
 System Manufacturer: _____ Model: _____
 Medical Physicist: _____
 Physicist Signature: _____

Equipment Evaluation Tests

		Pass/Fail/NA
1	Intrinsic uniformity	
2	System Uniformity with all commonly used collimators	
3	Intrinsic or System Spatial Resolution	
4	System Sensitivity (count rate/unit activity)	
5	Relative Sensitivity	
6	Energy Resolution	
7	Count Rate Parameters	
8	Processing Monitor	
9	Camera Interlocks	
10	Safety Evaluation	
	a. Mechanical	
	b. Electrical	
11	Overall System Performance for SPECT Systems	
	a. Uniformity	
	b. Resolution	
	c. Contrast	

Evaluation of Site's QC Program

		Pass/ Fail
1	Daily Uniformity Check	
2	Daily CT check (SPECT/CT systems)	
3	Weekly Bar Phantom	
		Date
4	Semi-annual (quarterly preferred) SPECT ACR phantom	
5	Uniformity Calibration (monthly or as specified by manufacturer)	
6	Center-of-Rotation/Head Alignment (SPECT Systems)	
7	Dose Calibrator Tests	
	a. Accuracy	
	b. Linearity	
	c. Constancy	

Medical Physicist's Recommendations for Quality Improvement and Comments on Testing Procedures