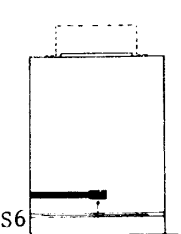


<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION ABOVETABLE X-RAY SOURCE RADIOGRAPHIC SYSTEMS FIELD TEST RECORD</p> <p><i>(Use Form FDA 2782, Field Test Record Continuation, if more space is needed.)</i></p>	<p>Print Legibly. Use Black Ball Point Pen. Enter One Character Per Box. Do Not Write in Shaded Area.</p>	<p>FIELD TEST SERIAL NO. (1-8) AR</p>													
	<p>REGIONAL REVIEW (NAME)</p>														
<p>Card No. (9-10)</p>	<p>Test Procedure</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>1. AR</p> <p>11 13</p> </div>														
	<p>Beam Limiting Device Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">2. Manufacturer</td> <td style="width: 30%;">Mfr. Code</td> </tr> <tr> <td> </td> <td style="text-align: center;">14 17</td> </tr> <tr> <td>3. Model No.</td> <td>Unique ID</td> </tr> <tr> <td> </td> <td style="text-align: center;">18 23</td> </tr> <tr> <td>Serial No.</td> <td>Date of MFR</td> </tr> <tr> <td style="text-align: center;">24 36</td> <td style="text-align: center;">37 40</td> </tr> </table>		2. Manufacturer	Mfr. Code		14 17	3. Model No.	Unique ID		18 23	Serial No.	Date of MFR	24 36	37 40	
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	<p>Component Certification Information</p> <p>6. Indicate the status of each as follows:</p> <table style="width: 100%; font-size: x-small;"> <tr> <td>C - Certified</td> <td>V - Certified with a Variance</td> </tr> <tr> <td>N - Not certified</td> <td>X - Not Present</td> </tr> </table> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 72 Beam Limiting Device</td> <td style="width: 33%;"><input type="checkbox"/> 73 Table</td> <td style="width: 33%;"><input type="checkbox"/> 74 Film Changer</td> </tr> <tr> <td><input type="checkbox"/> 75 Tube Housing Assembly</td> <td><input type="checkbox"/> 76 Cradle</td> <td><input type="checkbox"/> 77 Other (Specify in Remarks)</td> </tr> <tr> <td><input type="checkbox"/> 78 X-ray Controls</td> <td><input type="checkbox"/> 79 High Voltage Generator</td> <td></td> </tr> </table>		C - Certified	V - Certified with a Variance	N - Not certified	X - Not Present	<input type="checkbox"/> 72 Beam Limiting Device	<input type="checkbox"/> 73 Table	<input type="checkbox"/> 74 Film Changer	<input type="checkbox"/> 75 Tube Housing Assembly	<input type="checkbox"/> 76 Cradle	<input type="checkbox"/> 77 Other (Specify in Remarks)	<input type="checkbox"/> 78 X-ray Controls	<input type="checkbox"/> 79 High Voltage Generator	
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<p>11</p>	<p>Initial Setup</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">  <p>S6</p> <p>MDH (Pulse Exposure) 4.5mm Al</p> </div> <div style="flex: 2;"> <p>7. Means To Indicate When Beam Axis Is Perpendicular to Image Receptor Plane <input type="checkbox"/> 11 Y--YES N--NO</p> <p>8. Means To Center Diagnostic Source Assembly Over Image Receptor <input type="checkbox"/> 12 Y--YES N--NO</p> <p>9. Indicated Source To Image Distance (SID) <input type="text"/> 13 <input type="text"/> 15 inches OR <input type="text"/> 16 <input type="text"/> 19 cm</p> <p>Technique Factors</p> <p>10. <input type="text"/> 20 <input type="text"/> 22 kVp over 70 kV</p> <p>11. <input type="text"/> 23 <input type="text"/> 26 mA</p> <p>12. <input type="text"/> 27 <input type="text"/> 30 sec</p> <p>13. <input type="text"/> 32 <input type="text"/> 34 mAs</p> </div> </div> <div style="margin-top: 20px;"> <p>14. MDH Threshold Setting, 0.5-3 phase, 0.2-1 phase</p> <p><input type="text"/> 9 <input type="text"/> 31</p> </div>														

11 Beam Quality

18. mR @ 4.5mm Al Y-YES
 N-NO

19. mR @ 3.5mm Al

20. mR @ 2.5mm Al

21. mR @ 1.5mm Al

15. Technique Factors Indicated Before Exposure Y-YES
 N-NO

16. If Multiple Tubes Controlled By Single Exposure Switch, Then Indication Of Tube Selection Both At Control Panel And At Selected Tube

Y-YES X-N/A
 N-NO

17. Warning Label Present Y-YES
 N-NO

22. Exposure Terminated After Preset Time Interval, Preset mAs, Or Preset Number of Pulses Y-YES N-NO

12 Reproducibility (no Al in beam)

23.	24.	33.	34.
25.	26.	35.	36.
27.	28.	37.	38.
29.	30.	39.	40.
31.	32.	41.	42.

13 Linearity

43. mA
If change in mA causes a kVp shift, readjust kVp (if possible) to value selected at Item 10 above.

44.

45.

46.

47.

SID Determination

48. Distance from tabletop to focal spot

49. Distance from UTIR to Base of Test Stand (Y)

PBL X-Ray Field/UTIR Size Comparison

50. Film Dimension Along Table inches OR cm

51. Film Dimension Across Table inches OR cm

52. Indicated SID inches OR cm

14

53. Type of Positive Beam Limitation (PBL)

54. Is the PBL Currently Operating in Conformance with its Design Y-YES N-NO

55. Light Field Along Table

56. Light Field Across Table

57. Indicated SID inches OR

58. Light Field Along Table

59. Light Field Across Table

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
ABOVETABLE X-RAY SOURCE
RADIOGRAPHIC SYSTEMS
FIELD TEST RECORD

(Use Form FDA 2782, Field Test Record Continuation, if more space is needed.)

Print Legibly. Use Black
Ball Point Pen. Enter One
Character Per Box. Do Not
Write in Shaded Area.

FIELD TEST SERIAL NO. (1-8)

AR

REGIONAL REVIEW (NAME)

14

PBL Sizing (Continued)

60.	Film Dimension Along Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> inches	OR	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	
61.	Film Dimension Across Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> inches	OR	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	
62.	Indicated SID	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> inches	OR	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	
63.	Light Field Along Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	64.	Light Field Across Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm
65.	Indicated SID	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> inches	OR	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	
66.	Light Field Along Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	67.	Light Field Across Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm

PBL Operation:

68.	In PBL Mode, Adjustment Possible To Field Size Smaller Than Image Receptor	<input type="text"/> Y-YES <input type="text"/> N-NO	72.	Automatic Return To PBL When Image Receptor Is Changed	<input type="text"/> Y-YES <input type="text"/> N-NO
70.	X-ray Production Prevented At SID's Where Operation Is Not Intended	<input type="text"/> Y-YES <input type="text"/> N-NO	74.		

Actual Versus Indicated Field Size

71.	Beam Limiting Device Numerically Indicates Field Size	<input type="text"/> Y-YES <input type="text"/> N-NO	72.	Indicated SID	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> inches	OR	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm
73.	Film Dimension Along Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> inches	OR	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm			
74.	Film Dimension Across Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> inches	OR	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm			
75.	Light Field Along Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	76.	Light Field Across Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm		

15

Illuminance (uncorrected; SID = 42.5" (106 cm))

77.	total	-	ambient	=	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> fc	78.	total	-	ambient	=	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> fc
79.	total	-	ambient	=	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> fc	80.	total	-	ambient	=	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> fc

X-Ray Field/Light Field Alignment and Size Comparison

81.	X-Ray Field Along Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	82.	X-Ray Field Across Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm
83.	Light Field Along Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	84.	Light Field Across Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm
85.	Misalignment Along Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm	86.	Misalignment Across Table	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm

X-Ray Field/UTIR Centers Comparison

87.	Centers Misalignment	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> cm
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