

MQSA Inspection Questions – All Modalities

These proposed inspection questions apply to all facilities regardless of the mammographic imaging modality(ies) used at the facility. Some questions have been altered from their current wording while others have been added. These altered and new questions have been highlighted. Those questions or sections that have been removed are identified separately at the end of the document. Please remember that when evaluating these proposed changes facilities would still be responsible for performing all applicable quality control (QC) and quality assurance (QA) tests and procedures required by the regulations or by the manufacturer’s QC manual and may be cited for failure to do so.

Please note that for the list-of-values that y = yes, n = no, and x = N/A (not applicable)

Color Key:

Section/Question wording altered

Section/Question added

Observation Level Key:

L1: The facility should correct all Level 1 observations as soon as possible and should notify FDA within 15 days of how the problem was corrected.

L2: The facility should correct all Level 2 observations as soon as possible and should notify FDA within 30 days of how the problem was corrected.

L3: The facility should correct all Level 3 observations as soon as possible. This will be checked at the next annual inspection.

FACILITY

Original FISS Section	Question/Data Entry	Observation Level/Comment
3.0 Facility Inspections -> Inspection tab	Inspection Information [Information] - Inspector - Date - Accomplishing District [Annual Inspection Type] - Basic, Joint Audit or Mentored - Accompanying Inspector [Inspection Time (Hours)] - On-site (time spent at the facility) - Other (pre-and post activities) - Total [Travel Time (Hours)] Travel	Inspector ID – Inspector Name Of inspection; (mm/dd/yyyy) Pre-filled - FDA (select one value) (active LOV only for Joint Audit or Mentored inspection) Calculated value from On-site and Other time entered

	<p>Software Version</p> <p>Remarks</p>	<p>(x.xx.xx); Pre-filled – FDA</p> <p>Text entry field for additional comments (printable and non-printable)</p>
<p>3.0 Facility Inspections -> Facility tab</p>	<p>Facility Information</p> <p>[Facility]</p> <ul style="list-style-type: none"> - Name - EIN - FEI - Facility Type - Facility Category <p>[Address]</p> <ul style="list-style-type: none"> - Line 1, Line 2, Line 3, City, State, and Zip <p>[Certificate]</p> <ul style="list-style-type: none"> - Operating with a valid certificate? - Displayed? - Expiration Date <p>Remarks</p>	<p>Of facility; Pre-filled – AB data</p> <p>Of facility; Pre-filled – AB data</p> <p>Of facility; Pre-filled – AB data</p> <p>(select a value from drop-down list)</p> <p>Pre-filled – AB data (Non-Federal or Federal)</p> <p>Of facility; Pre-filled – AB data</p> <p>(y/n; default to “y”); L1</p> <p>(y/n); L3</p> <p>(mm/dd/yyyy); Pre-filled</p> <p>Text entry field for additional comments (printable and non-printable)</p>
<p>3.2 Additional Sites</p>	<p>Additional Sites</p> <p>Additional Site Information</p> <ul style="list-style-type: none"> - Status - Site Name - Mailing Address - Line 1, Line 2, Line 3, City, State, and Zip <p>Remarks</p>	<p>If Additional Site is applicable</p> <p>(Selected additional site)</p> <p>Text entry field for additional comments (printable and non-printable)</p>
<p>3.3 Contacts</p> <p>-> 3.3.1 Facility Accreditation Contact</p>	<p>Contacts</p> <p>[Facility Accreditation Contact]</p>	<p>First Name, MI, Last Name, Full Name, Title; Voice (number), Ext., Fax (number), Mailing Address Line 1 through Line 3, City, State, and Zip – Pre-filled (AB Data)</p>

<p>3.3.2 Facility Inspection Contact 3.3.3 Most Responsible Individual 3.3.4 Billing Contact 3.3.5 Inspection Report Contact</p>	<p>[Facility Inspection Contact] [Most Responsible Individual] [Billing Contact] [Inspection Report Contact]</p> <p>Remarks</p>	<p>Facility Inspection Contact, Most Responsible Individual, Billing Contact, and Inspection Report Contact has the same fields as Facility Accreditation Contact but editable (except for Full Name, which is auto-displayed as a combination of the First Name and Last Name entered)</p> <p>Text entry field for additional comments (printable and non-printable)</p> <p>- For all editable contacts, user has the ability to copy in the Facility Accreditation Contact information, or the information specific to that contact type from the previous inspection</p>
<p>3.9.1 S-F Processor Performance</p> <p>Proposed new section</p> <p>Proposed new section</p>	<p>Image Output QC [Processor Performance QC]</p> <p>+ Processor QC records - Done on all days films processed? - C/A documented?</p> <p>[Laser Printer QC] + Laser Printer QC records - Done at least weekly when hardcopy printed? - C/A documented?</p> <p>[RWS Monitor QC] + RWS QC records - Done at least weekly when clinical images are interpreted? - C/A documented?</p> <p>Remarks</p>	<p>[Question change – formerly named “S-F Processor Performance QC”]</p> <p>(y/n) (y/n/x)</p> <p>(y/n/x); L(To Be Determined) (y/n/x); L(To Be Determined)</p> <p>(y/n/x); L(To Be Determined) (y/n/x); L(To Be Determined)</p> <p>Text entry field for additional comments (printable and non-printable)</p> <p>- Sections/Sub-Categories that are modality-specific are disabled for the modality that they are not</p>

		applicable for
3.12 Medical Records	<p>Medical Records [Evaluation]</p> <ul style="list-style-type: none"> + System (to communicate results) adequate? <ul style="list-style-type: none"> - System to provide medical reports within 30 days? - System to provide lay summaries within 30 days? - System to communicate serious cases ASAP? + Random written reports <ul style="list-style-type: none"> - Number of random written reports reviewed - Number of assessment categories - Number with qualified interpreting physician identification <p>Remarks</p>	<p>(Selected site)</p> <p>(y/n); L1 (y/n); L1 (y/n); L1 (y/n); L1</p> <p>Enter integer Enter integer; L2</p> <p>Enter integer; L2</p> <p>Text entry field for additional comments (printable and non-printable)</p>
3.13 Medical Audit and Outcome Analysis	<p>Medical Audit and Outcome Analysis [Evaluation]</p> <ul style="list-style-type: none"> - All positive mammograms entered in system? - Biopsy results present (or attempt to get)? - Is there a designated audit (reviewing) interpreting physician? - Analysis done annually? - Done separately for each individual? - Done for the facility as a whole? <p>Remarks</p>	<p>(Selected site)</p> <p>(y/n/x); L2 (y/n/x); L2</p> <p>(y/n/x); L2 (y/n/x); L2 (y/n/x); L2 (y/n/x); L2</p> <p>Text entry field for additional comments (printable and non-printable)</p>
3.8 Quality Assurance	<p>Quality Assurance [Site Information]</p> <ul style="list-style-type: none"> - Site Name - Evaluate <p>[Evaluation]</p> <ul style="list-style-type: none"> + Do the QA records include the following? <ul style="list-style-type: none"> - QA personnel assigned? 	<p>(Selected site)</p> <p>Auto-filled (y/n)</p> <p>(y/n); L3 (y/n); L3</p>

	<ul style="list-style-type: none"> - Written S.O.P.'s for QC tests? - S.O.P. for infection control? - S.O.P. for handling consumer complaints? <p>Remarks</p>	<p>(y/n); L3 (y/n); L2 (y/n); L2</p> <p>Text entry field for additional comments (printable and non-printable)</p>
3.9.4 Repeat Analysis QC	<p>Repeat Analysis QC [Site Information]</p> <ul style="list-style-type: none"> - Site Name - Evaluate <p>+ Repeat analysis QC adequate? - Done at least quarterly?</p> <ul style="list-style-type: none"> - Evaluation done? - C/A documented? <p>Remarks</p>	<p>(Selected site)</p> <p>Auto-filled (y/n)</p> <p>(y/n); L3 (y/n); L3 [Question change: formerly "Done at the required frequency?"] (y/n); L3 (y/n/x); L3</p> <p>Text entry field for additional comments (printable and non-printable)</p>

Units

Original FISS section	Question/Data Entry	Observation Level/Comment
<p>3.5 Units</p>	<p>Basic Information [Information] - Number - Room name or number - Serial number - X-ray unit still in use? - Removed from service - Unit Type - Manufacturer - Model - AB Model - Manufacture date - Mobile</p> <p>[Evaluation] + Does X-ray system include the following? - Appropriately sized Compression Paddle(s)? - Post-exp. display in AEC mode for focal spot? - Post-exp. display in AEC mode for target material? - Is the unit accredited? - Is this a new unit? Mammo equip. evaluation (by medical physicist) done?</p> <p>Remarks</p>	<p>(Selected unit) Pre-filled – AB data (No / Evaluate Records Only / Temporarily out of Service / Yes) (mm/dd/yyyy); active only if “X-ray unit still in use” is any value other than “y” Pre-filled – AB data (Film Screen, Full Field Digital, Computed Radiography, Digital Tomosynthesis) [Question change: formerly “Image Receptor Type”] Pre-filled – AB data Pre-filled – AB data Pre-filled – AB data (mm/dd/yyyy) Checkbox</p> <p>(y/n); L2 (y/n); L2 [Question change: formerly “Compression paddles for 2 sizes?”] (y/n/x); L2 (y/n/x); L2 (y/n/pending/x); L2 (y/n/x) (y/n/x) L1 or L2 <i>If the unit is new and not accredited, an L2 finding is issued. If the unit is not new and not accredited, an L1 finding is issued. “New” refers to a unit that has been in clinical use for up to a year.</i></p> <p>Text entry field for additional comments (printable and non-printable)</p>

<p>3.5.3 Phantom Image Quality Evaluation</p>	<p>Phantom Image Quality Evaluation</p> <p>Phantom image display method (facility) Phantom image display method (inspector) Phantom used</p> <p>+ Image 1</p> <ul style="list-style-type: none"> - # of fibers - # of fiber artifacts - # of speck groups - # of specks in last group - # of specks artifacts - # of masses - # of mass artifacts <p>+ Image 2</p> <ul style="list-style-type: none"> - # of fibers - # of fiber artifacts - # of speck groups - # of specks in last group - # of specks artifacts - # of masses - # of mass artifacts <p>+ Image 1 calculations</p> <ul style="list-style-type: none"> - Fibers score - Fibers pass/fail - Specks score - Specks pass/fail - Masses score - Masses pass/fail <p>+ Image 2 calculations</p> <ul style="list-style-type: none"> - Fibers score - Fibers pass/fail - Specks score - Specks pass/fail - Masses score - Masses pass/fail 	<p>(Selected unit)</p> <p>(AWS / RWS / Hardcopy) (AWS / RWS / Hardcopy) (select from a list of possible phantoms, including "RMI156")</p> <p>(x.x) (0 or 1) (integer) (integer) (integer from 0 to 6) (x.x) (0 or 1)</p> <p>(x.x) (0 or 1) (integer) (integer) (integer from 0 to 6) (x.x) (0 or 1)</p> <p>(Scores and Pass/Fail indicators are auto-filled as Image 1 values are calculated) Fibers score: # <3⇒L1, 3 ≤ # < 4⇒ L2 Specks score: # < 2⇒L1, 2 ≤ # < 3⇒ L2 Masses score: # < 2⇒L1, 2 ≤ # < 3⇒ L2</p> <p>(Scores and Pass/Fail indicators are auto-filled as Image 2 values are calculated) Fibers score: # <3⇒L1, 3 ≤ # < 4⇒ L2 Specks score: # < 2⇒L1, 2 ≤ # < 3⇒ L2 Masses score: # < 2⇒L1, 2 ≤ # < 3⇒ L2</p>
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<p>3.10.1 Survey Report Part 1</p>	<ul style="list-style-type: none"> - Dose value measured by physicist? <ul style="list-style-type: none"> - Dose value (mrad) reported - C/A taken before resuming clinical use? - Survey conducted or supervised by - Action taken <p>[Survey Report Part 1] – Evaluation</p> <ul style="list-style-type: none"> - Resolution Measurement? - AEC performance – reproducibility (mAs)? - AEC performance capability? - Phantom image? - CNR? - SNR? - Artifact evaluation? 	<p>(y/n) If “y” to the above question; xxx (y/n); If dose is > 300, this field is activated; L2</p> <p>(select a value from drop-down list); L2 if <Unsigned> (y/n/x); L3</p> <p>(y/n); L2 (y/n/x); L2 (y/n/x); L2 (y/n); L2 (y/n/x); L2 (y/n/x); L2 (y/n); L2</p>
<p>3.10.2 Survey Report Part 2</p>	<p>[Survey Report Part 2] – Evaluation</p> <ul style="list-style-type: none"> - Pass/fail list? - Recommendations for failed items? + Physicist’s evaluation of technologist’s QC tests? <ul style="list-style-type: none"> - Processor QC? - Laser Printer QC? - RWS QC? - Phantom image? - CNR? - SNR? - Repeat analysis? - Analysis of fixer retention? - Darkroom fog? - Screen-film contact? - Compression? + Collimation? <ul style="list-style-type: none"> - X-ray field – light field? - X-ray field – image receptor alignment? - Compression device edge alignment? - kVp accuracy? - kVp reproducibility? 	<p>(y/n); L3 (y/n/x) ; L3 (y/n); L3 (y/n/x) (y/n/x) (y/n/x) (y/n) (y/n/x) (y/n/x) (y/n/x) (y/n) (y/n/x) (y/n/x) (y/n/x) (y/n) (y/n/x) (y/n/x) (y/n/x) (y/n); L3 (y/n/x) (y/n/x) (y/n/x) (y/n); L3 (y/n); L3</p>

	<ul style="list-style-type: none">- Beam quality (HVL) measurement?- Uniformity of screen speed?- Radiation output?- Decompression? <p>Remarks</p>	<p>(y/n); L3 (y/n/x); L3 (y/n); L3 (y/n/x); L3</p> <p>Text entry field for additional comments (printable and non-printable)</p>
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Personnel

Original FISS section	Question/Data Entry	Observation Level/Comment
3.11.1 Interpreting Physicians	<p>Interpreting Physicians</p> <p>[Information]</p> <ul style="list-style-type: none"> - Status - First, MI, Last - Full - Lead interpreting physician? <p>[Evaluation]</p> <ul style="list-style-type: none"> - Rules qualifying under <p>(If the inspector selected the “Interim” rules):</p> <ul style="list-style-type: none"> + Initial qualifications under interim rules met? <ul style="list-style-type: none"> - Licensed? - Certified or 2 months training? - 40 CME hours? - Initial experience adequate? <p>(If the inspector selected the “Final” rules):</p> <ul style="list-style-type: none"> + Initial qualifications met? <ul style="list-style-type: none"> - Licensed? - Certified or 3 months training? - 60 category I CME hours? - Initial experience adequate? - Date completed initial requirements - Trained in all applicable mammographic modalities? + Continuing experience <ul style="list-style-type: none"> - Continuing experience adequate? - Number of exams in 24 months + Continuing education <ul style="list-style-type: none"> - CME credits adequate? - Number of CME’s in 36 months <p>Remarks</p>	<p>(Selected Interpreting Physician)</p> <p>(Evaluate / Hold)</p> <p>(Enter text)</p> <p>Full name of personnel; auto-filled checkbox; check if applicable (only one)</p> <p>(Final / Interim)</p> <p>(y/n)</p> <p>(y/n); L1</p> <p>(y/n); L1</p> <p>(y/n); L2</p> <p>(y/n); L2</p> <p>(y/n)</p> <p>(y/n); L1</p> <p>(y/n); L1</p> <p>(y/n); L2</p> <p>(y/n); L2</p> <p>(mm/dd/yyyy)</p> <p>(y/n/x); L2 [Question change: formerly “New modality training (if applicable)?”]</p> <p>(y/n/x); L2</p> <p>Enter number</p> <p>(y/n/x); L2</p> <p>Enter number</p> <p>Text entry field for additional comments (printable and non-printable)</p>
3.11.2 Technologists	Technologists	(Selected Technologist)

	<p>[Information] - Status - First, MI, Last - Full</p> <p>[Evaluation] - Rules qualifying under</p> <p>(If the inspector selected the “Interim” rules): + Initial qualifications under interim rules met? - Licensed? - Training specific to mammography?</p> <p>(If the inspector selected the “Final” rules): + Initial qualifications met? - Licensed or certified? - 40 supervised hours of training adequate?</p> <p>- Date completed initial requirements - Trained in all applicable mammographic modalities?</p> <p>- Continuing experience adequate? + Continuing education - CEU credits adequate? - Number of CEU’s in 36 months</p> <p>Remarks</p>	<p>(Evaluate / Hold) (Enter text) Full name of personnel; auto-filled</p> <p>(Final / Interim)</p> <p>(y/n) (y/n); L1 (y/n); L2</p> <p>(y/n) (y/n); L1 (y/n); L2</p> <p>(mm/dd/yyyy) (y/n/x); L2 [Question change: formerly “New modality training (if applicable)?”] (y/n/x); L2</p> <p>(y/n/x); L2 Enter number</p> <p>Text entry field for additional comments (printable and non-printable)</p>
<p>3.11.3 Medical Physicists</p>	<p>Medical Physicists</p> <p>[Information] - Status - First, MI, Last - Full</p> <p>[Evaluation] - Degree qualifying under</p> <p>(If the inspector selected the “Masters (or Higher)” degree):</p>	<p>(selected Technologist)</p> <p>(Evaluate / Hold) (Enter text) Full name of personnel; auto-filled</p> <p>(Bachelors / Masters (or Higher) / None)</p>

	<p>+ Initial qualifications met?</p> <ul style="list-style-type: none"> - Certified or state licensed/approved? - Masters (or higher) degree in a physical science? - 20 contact hours of training in surveys? - Experience in conducting surveys? <p>(If the inspector selected the “Bachelors” degree):</p> <p>+ Alternate initial qualifications met before 4/28/1999?</p> <ul style="list-style-type: none"> - Certified or state licensed/approved? - Bachelors degree in a physical science? - 40 contact hours of training in surveys? - Experience in conducting surveys? <p>(If the inspector selected the “None” degree):</p> <ul style="list-style-type: none"> - Date completed initial requirements - Trained in all applicable mammographic modalities? - Continuing experience adequate? <p>+ Continuing education</p> <ul style="list-style-type: none"> - CME credits adequate? - Number of CME’s in 36 months <p>Remarks</p>	<p>(y/n)</p> <p>(y/n); L1</p> <p>(y/n); L1</p> <p>(y/n); L2</p> <p>(y/n); L2</p> <p>(y/n)</p> <p>(y/n); L1</p> <p>(y/n); L1</p> <p>(y/n); L2</p> <p>(y/n); L2</p> <p>If “None” is selected, the program will answer “n” to all questions above.</p> <p>(mm/dd/yyyy)</p> <p>(y/n/x); L2 [Question change: formerly “New modality training (if applicable)?”]</p> <p>(y/n/x); L2</p> <p>(y/n/x); L2</p> <p>Enter number</p> <p>Text entry field for additional comments (printable and non-printable)</p>
<p>3.11.4 Summary</p>	<p>Summary</p> <ul style="list-style-type: none"> - Required Personnel Documents Available? <p>Remarks</p>	<p>(y/n/x); L3</p> <p>Text entry field for additional comments (printable and non-printable)</p>

Reports

Original FISS section	Question/Data Entry	Observation Level/Comment
3.14.4 Remarks Report	Remarks Report	Compilation of printable and non-printable remarks within the inspection, organized by section/sub-category
List of NC's extracted from Post Inspection Report	Noncompliances List	List of active noncompliances incurred from the inspection, as well as all printable remarks
3.14.1 Missing Data Report	Missing Data Report	List of missing data mandatory for upload/submission, organized by section/sub-category

Completed Inspection Submission screen:

Original FISS section	Question/Data Entry	Observation Level/Comment
3.3.5 Inspection Report Contact	Inspection Information - Facility Name - Facility Address - Inspection ID - Inspection Date - Inspection Type - Inspector Noncompliances Report Delivery - Delivery Method - Date Sent Remarks	Pre-filled Pre-filled; Line 1 to Line 3, City, State, and Zip Pre-filled Pre-filled Pre-filled Pre-filled; Inspector ID – Inspector Name List of noncompliances (select a value from drop-down list) (mm/dd/yyyy) [Question change: formerly "Date Delivered/Sent"] Text entry field for additional comments (printable and non-printable)

Sections and/or Questions removed:

- **1.0 Inspection Information**
 - 1.1 Name and Address
 - 1.2 Equipment Registration
- **3.0 Facility Inspections**
 - Enforcement – Pre-filled; Interim or Final
 - Address Change button
- **3.3.1 Facility Accreditation Contact**
 - Facility Changes button
- **3.4 Related Equipment**
- **3.5 Units**
 - Information
 - Display method (Monitor, Laser film, or Other checkboxes)
 - Evaluation
 - X-ray unit designed for mammography?
 - Does X-ray system include the following? (main question retained, but sub-questions removed)
 - Image receptors for 2 sizes?
 - Moving grids for 2 sizes?
 - Screen-Film tab
 - Screen - Manufacturer and Type
 - Film - Manufacturer and Type
- **3.5.1 Collimation Assessment**
- **3.5.2 Dose Estimate**
 - Target/Filter
 - Source to Patient Support Distance
 - Mode
- Settings
 - kVp
 - Time ____ ms
 - mAs
 - Density
- **3.6 Processors**
 - Status
 - Number
 - Room name or number
 - Site
 - Type

- Processing Method
- Manufacturer
- Model

Developer

- Manufacturer
- Type
- Processing Cycle

Evaluation

- Processor/laser printer equip. evaluation (by med. phys.) done?

STEP Test

- Results
 - Calculated processing speed
 - STEP test pass/fail
- Evaluation
 - Reference step number
 - Base + Fog
 - + Strip 1
 - Lower step number
 - Lower step density
 - Higher step number
 - Higher step density
 - + Strip 2
 - Lower step number
 - Lower step density
 - Higher step number
 - Higher step density
 - + Strip 3
 - Lower step number
 - Lower step density
 - Higher step number
 - Higher step density
 - + Strip 4
 - Lower step number
 - Lower step density
 - Higher step number
 - Higher step density

• **3.7 Darkrooms**

Information

- Status

- Room name or number
- Site Name
- Evaluation
- Results
 - Darkroom fog density
 - Fog test pass/fail
- Evaluation
 - Border visible?
 - Unfogged area OD
 - Fogged area OD
- **3.8 Quality Assurance**
 - Evaluation
 - Do the QA records include the following? (main question retained, but sub-question removed)
 - Technique tables/charts?
- **3.9.1 S-F Processor Performance QC**
 - Evaluation
 - Processor QC records
 - Worst/sampling month/year
 - # of days processed mammograms
 - # of processing days without recorded data
 - Calculated % for not recording
 - # of consecutive processing days (cd) missed
 - # of days/year operated out-of-limits (ool)
 - Fixer retention QC adequate?
 - Done at the required frequency?
 - C/A documented?
- **3.9.5 Screen Film Contact QC**
 - Evaluation
 - Screen-film contact QC adequate?
 - Done at the required frequency?
 - All mammography cassettes in use tested?
 - 40-mesh copper test tool used?
 - C/A documented?
- **3.9.6 Darkroom Fog QC**
 - Darkroom fog QC adequate?
 - Done at the required frequency?
 - Background density > or = 1.20?
 - C/A documented?

- **3.9.7 Digital Mammography QC**
 - FFDM manufacturer QC followed (excluding monitor & printer QC)?
 - Monitor QC done per manufacturer's recommendation?
 - Printer QC done per manufacturer's recommendation?
- **3.9.2 Phantom Image QC**
 - Evaluation
 - Other phantom QC records/test conditions adeq.?
 - $BD > \text{ or } = 1.20$?
- **3.10 Survey Report**
 - Overall Evaluation
 - Rules conducted under
 - Survey complete
- **3.10.1 Survey Report Part 1**
 - Results
 - Overall Survey complete
 - Part 1 Complete
 - Evaluation
 - Resolution Measurement? (main question retained, but sub-questions removed)
 - Done for all clinically used focal spots?
 - Numerical results given?
 - AEC performance – reproducibility (mAs)? (main question retained, but sub-questions removed)
 - Numerical results given?
 - AEC performance capability?
 - Done for 2, 4, and 6 cm at typical kVps?
 - Numerical results given?
 - Dose (including entrance air kerma reproducibility)?
 - Exposure & HVL at same clinical kVp?
 - RMI156 or equivalent phantom?
 - Numerical results given?
 - Phantom image? (main question retained, but sub-questions removed)
 - Done at the kVp normally used clinically?
 - RMI156 or equivalent phantom?
 - 3 object scores given?
- **3.10.2 Survey Report Part 2**
 - Results
 - Overall Survey complete
 - Part 2 Complete

Evaluation

- kVp accuracy? (main question retained, but sub-questions removed)
 - Done at these three clinical kVps?
 - Numerical results given?
- kVp reproducibility? (main question retained, but sub-questions removed)
 - Done at the kVp most commonly used clinically?
 - Numerical results given?
- Beam quality (HVL) measurement? (main question retained, but sub-questions removed)
 - Done at the kVp most commonly used clinically?
 - Numerical results given?
- Uniformity of screen speed? (main question retained, but sub-questions removed)
 - Numerical results given?