

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

FIELD TEST SERIAL NO. (1-8)
UF
 REGIONAL REVIEW (NAME)

Card
 No.
 (9-10)

Test Procedure
 1. 11 12 13
UF

Beam Limiting Device Information
 2. Manufacturer 14 15 16 17 Mfr Code
 3. Model No. 18 19 20 21 22 23 Unique ID

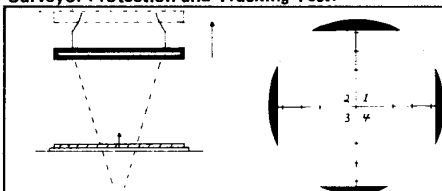
Component Certification Information
 4. Indicate the Status of Each as Follows:
 C – Certified V – Certified with a Variance
 N – Not Certified X – Not Present

<input type="checkbox"/> 24 Tube Housing Assembly	<input type="checkbox"/> 25 X-Ray Control	<input type="checkbox"/> 26 Spot Film Device (after 4/77)
<input type="checkbox"/> 27 Beam Limiting Device	<input type="checkbox"/> 28 High Voltage Generator	<input type="checkbox"/> 29 Fluoroscopic Imaging Assembly (before 4/77)
<input type="checkbox"/> 30 Table	<input type="checkbox"/> 31 Image Intensifier (after 4/77)	

10

Interlock Test
 5. X-Ray Production Prevention When Image Receptor Not in Position to Intercept Beam 32 Y – YES N – NO X – UNTESTED

Surveyor Protection and Tracking Test:

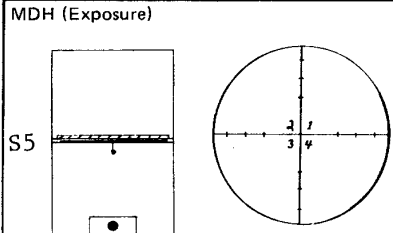


6. System Hazardous 33 Y – YES N – NO
 If yes, describe hazard in Remarks and discontinue testing.

7. Beam Limiting Device Tracks Image Receptor Properly 34 Y – YES N – NO

11

X-Ray Field/Image Receptor Alignment

MDH (Exposure)	Image Dimension	X-Ray Field Dimension
 S5 Insert Loaded Plastic Cassette After Centering Test Stand.	1/4 8. <input type="checkbox"/> 36 <input type="checkbox"/> 37 in.	12. <input type="checkbox"/> 38 <input type="checkbox"/> 40 cm
	2/1 9. <input type="checkbox"/> 41 <input type="checkbox"/> 43 in.	13. <input type="checkbox"/> 44 <input type="checkbox"/> 46 cm
	3/2 10. <input type="checkbox"/> 47 <input type="checkbox"/> 49 in.	14. <input type="checkbox"/> 50 <input type="checkbox"/> 52 cm
	4/3 11. <input type="checkbox"/> 53 <input type="checkbox"/> 55 in.	15. <input type="checkbox"/> 56 <input type="checkbox"/> 58 cm
	1/4 16. <input type="checkbox"/> 11 <input type="checkbox"/> 13 in.	20. <input type="checkbox"/> 14 <input type="checkbox"/> 16 cm
24. Tube Potential and Current Continuously Indicated During Exposure <input type="checkbox"/> 23 Y – YES N – NO	2/1 17. <input type="checkbox"/> 17 <input type="checkbox"/> 19 in.	21. <input type="checkbox"/> 20 <input type="checkbox"/> 22 cm
	3/2 18. <input type="checkbox"/> 24 <input type="checkbox"/> 26 in.	22. <input type="checkbox"/> 27 <input type="checkbox"/> 29 cm
	4/3 19. <input type="checkbox"/> 31 <input type="checkbox"/> 33 in.	23. <input type="checkbox"/> 34 <input type="checkbox"/> 36 cm
	25. Warning Label Present <input type="checkbox"/> 30 Y – YES N – NO	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
**UNDER TABLE X-RAY SOURCE
FLUOROSCOPIC AND SPOT FILM SYSTEMS
FIELD TEST RECORD**

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

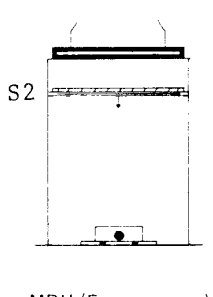
Print Legibly. Use Black
Ball Point Pen. Enter One
Character Per Box. Do Not
Write in Shaded Area.

FIELD TEST SERIAL NO. (1-8)

UF

REGIONAL REVIEW (NAME)

Entrance Exposure Rate: (BLD fully open, no magnification)

 <p>MDH (Exposure rate)</p>	26. Fluoroscopic Technique Factor Control Type	M--Manual Only B--Both Manual And Automatic	A--Automatic Only	
	AUTO	27. kVp	28. mA	29. R/min
	MANUAL	30. Is a high level control present?	31. Continuous Audible Signal Upon Activation of High Level Control	Y--YES N--NO X--N/A
		32. kVp	33. mA	34. R/min
		35. Is a high level control present?	36. Continuous Audible Signal Upon Activation of High Level Control	Y--YES N--NO X--N/A

11

Primary Barrier Transmission:

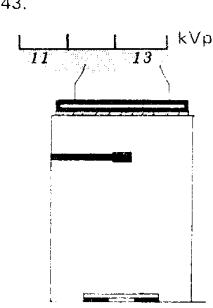
37. kVp	38. mA	39. R/min
40. mR	41. sec	

Copper appropriate for selected kVp: greater than 125 kV-0.12"; 100 to 125 kV-0.1"; 99 kV or less - 0.08"

min SSD:

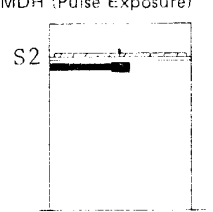
42. Outside Separation of Image of Focal Spot Strips
cm

Beam Quality:

 <p>MDH (Pulse Exposure) 4.5 mm Al</p>	43. kVp	44. mR @ 4.5 mm Al	45. sec
		46. mR @ 3.5 mm Al	47. sec
		48. mR @ 2.5 mm Al	49. sec
		50. mR @ 1.5 mm Al	51. sec
		52. mR @ 0.0 mm Al	53. sec
		54. At End of Preset Cumulative Time Interval Either Continuous Audible Signal and/or Termination of X-rays	Y--YES N--NO

12

Spot-Film Reproducibility and X-ray Field/Image Receptor Size Comparison:

 <p>MDH (Pulse Exposure)</p>	55. Type of Spot Film Exposure Timer	M--Manually Set Timer or mAs Selector only B--Both Manually Set Timer or mAs Selector and Phototimer P--Phototimer Only	
	56. MDH Threshold Setting	Technique Factors	
	58. mA	59. sec	57. kVp
	61. Selected Format Dimension Along Table	OR	63. Image Along Table
	62. Selected Format Dimension Across Table	OR	64. Image Across Table
	65. Distance From Table Top to Spot Film Plane		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICE
 FOOD AND DRUG ADMINISTRATION
 UNDER TABLE X-RAY SOURCE
 FLUOROSCOPIC AND SPOT FILM SYSTEMS
 FIELD TEST RECORD

(Use Form FDA 2786, Field Test Record Continuation, if more space is needed.)


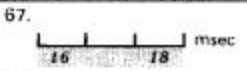

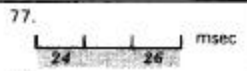





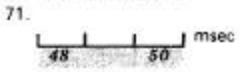





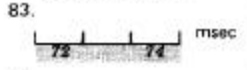




Print Legibly. Use Black
 Ball Point Pen. Enter One
 Character Per Box. Do Not
 Write in Shaded Area.

FIELD TEST SERIAL NO. 21-81

UF

REGIONAL REVIEW (NAME)

Spot-Film Continued:

66.  11 15 mR	67.  16 18 msec	76.  19 23 mR	77.  24 26 msec
68.  27 31 mR	69.  32 34 msec	78.  35 39 mR	79.  40 42 msec
70.  43 47 mR	71.  48 50 msec	80.  51 55 mR	81.  56 58 msec
72.  59 63 mR	73.  64 66 msec	82.  67 71 mR	83.  72 74 msec
74.  11 15 mR	75.  16 18 msec	84.  19 23 mR	85.  24 26 msec

86. Technique Factors fixed or selectable Indicated Before Exposure	<input type="checkbox"/> Y-YES <input checked="" type="checkbox"/> N-NO
87. Exposure Terminated After Preset Time Interval, Preset mAs, Preset Number of Pulses, Or Preset Radiation Exposure To Image Receptor	<input type="checkbox"/> Y-YES <input checked="" type="checkbox"/> N-NO

REMARKS