

REPEAT ANALYSIS WORKSHEET PER DEPARTMENT/LOCATION

Samples: Facility/ location name: Penrad Clinic Department: Mammography
Repeat schedule: Day(s): F Week(s): 1 Month(s): 1,3,6,9 (1st Friday of 3, 6, 9, 12 month)
Facility/ location name: Penrad Clinic Department: General X-ray
Repeat schedule: Day(s): M Week(s): 2 Month(s): 1,3,6,9 (2nd Monday of 3, 6, 9, 12 month)
Facility/ location name: Penrad North Clinic Department: General X-ray
Repeat schedule: Day(s): F Week(s): 4 Month(s): 1-12 (4th Friday of every month)
Scheduling: Day(s): M, T, W, Th, F, S, Sun Week(s): 1, 2, 3, 4, 5 - not all have 5, will use if applicable Month(s): 1-12

Facility/ location name: _____ Department: _____
Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

Facility/ location name: _____ Department: _____
Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

Facility/ location name: _____ Department: _____
Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

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Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

Facility/ location name: _____ Department: _____
Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

Facility/ location name: _____ Department: _____
Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

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Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

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Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

Facility/ location name: _____ Department: _____
Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

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Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

Facility/ location name: _____ Department: _____
Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

Facility/ location name: _____ Department: _____
Repeat schedule: Day(s): _____ Week(s): _____ Month(s): _____

PROCESSOR INFORMATION WORKSHEET

Sample: Processor name 1: Mammo 1 Manufacturer: Pen Co. Model number :1995
 Serial number: 1212 Facility/location: Penrad Clinic Dept. assoc. with: Mammography
 Specify Alert Variables: Medium density: .10 Base plus fog: .5 Density difference: .10
 Specify Control Chart steps: Low density :9 Medium density: 11 High density: 13
 Schedule for Control Chart: Day(s): M-F Week(s): 1-5 Month(s): 1 - 12 (every M-F)
 Schedule for Fixer Retention: Day(s): F Week(s): 1-5 Month(s): 1 - 12 (every Friday only)
 Schedule for Cleaning: Day(s): W Week(s): 3 Month(s): 2,8 (on Weds the 3rd week in Feb&Aug)
 Scheduling: Day(s): M, T, W, Th, F, S, Sun Week(s): 1, 2, 3, 4, 5 - not all have 5, will use if applicable Month(s): 1-12

Processor name: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Medium density: _____ Base plus fog: _____ Density difference: _____
 Specify Control Chart steps: Low density: _____ Medium density: _____ High density: _____ Base plus fog: _____
 Schedule for Control Chart: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Fixer Retention: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____

Processor name: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Medium density: _____ Base plus fog: _____ Density difference: _____
 Specify Control Chart steps: Low density: _____ Medium density: _____ High density: _____ Base plus fog: _____
 Schedule for Control Chart: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Fixer Retention: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____

Processor name: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Medium density: _____ Base plus fog: _____ Density difference: _____
 Specify Control Chart steps: Low density: _____ Medium density: _____ High density: _____ Base plus fog: _____
 Schedule for Control Chart: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Fixer Retention: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____

Processor name: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Medium density: _____ Base plus fog: _____ Density difference: _____
 Specify Control Chart steps: Low density: _____ Medium density: _____ High density: _____ Base plus fog: _____
 Schedule for Control Chart: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Fixer Retention: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____

Processor name: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Medium density: _____ Base plus fog: _____ Density difference: _____
 Specify Control Chart steps: Low density: _____ Medium density: _____ High density: _____ Base plus fog: _____
 Schedule for Control Chart: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Fixer Retention: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____

READING STATION INFORMATION WORKSHEET

Sample: Reading station 1: Mammography alternator 1 Department: Mammography
Schedule light box cleaning and inspection: Day(s): M Week(s): 1 Month(s): 2,10 (first Monday in Feb. & Oct.)
Scheduling: Day(s): M, T, W, Th, F, S, Sun Week(s): 1, 2, 3, 4, 5 - not all have 5, will use if applicable) Month(s): 1-12

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

Reading station: _____ Location: _____ Department: _____
Schedule for QC: Day(s): _____ Week(s): _____ Month(s): _____

TRACKING/USER /PASSCODE/PRIVILEGES WORKSHEET

Sample: User log in name: Mary Penrad Pass-code: 1996 Admin privileges: Yes
Last name: Penrad First name: Mary Middle name: A
ID#: 123-23-3234 QC Module User: Yes CE track: Yes Tech: yes DOB 12/12/1944

If individual is not a user then specify not a user and select CE track only then. Users require password to access system.

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

User log in name: _____ User pass-code: _____ Admin privileges (yes/no): _____
Last name: _____ First name: _____ Middle name: _____
ID# _____ QC User (yes/no): _____ CE track (yes/no): _____ Doctor _____ Tech _____ DOB ____/____/____

IMAGING STATION INFORMATION WORKSHEET

Sample: Imaging Station 1: Mammo 1 Manufacturer: Pen Co. Model number :1995
 Serial number: 1212 Facility/location: Penrad Clinic Dept. assoc. with: Mammography
 Specify Alert Variables: Exposure Time (%): 15 Background Density: 0.1 Density Difference: 0.05
 Fiber Count: 0.5 Speck Count: 0.5 Mass Count: 1
 Specify Phantom Base Values: Density Difference: 0.4 Background Density: 1.5 Fibers: 4 Specks: 3.5
 Masses: 3 Exposure Time (mAs): 22
 Schedule for Visual QC: Day(s): M-F Week(s): 1-5 Month(s): 1 - 12 (every M-F)
 Schedule for Phantom QC: Day(s): F Week(s): 1-5 Month(s): 1 - 12 (every Friday only)
 Schedule for Compression: Day(s): W Week(s): 3 Month(s): 2,8 (on Weds the 3rd week in Feb&Aug)
 Scheduling: Day(s): M, T, W, Th, F, S, Sun Week(s): 1, 2, 3, 4, 5 - not all have 5, will use if applicable) Month(s): 1-12

Imaging Station: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Exposure Time (%): _____ Background Density: _____ Density Difference: _____
 Fiber Count: _____ Speck Count: _____ Mass Count: _____
 Specify Phantom Base Values: Density Difference: _____ Background Density: _____ Fibers: _____ Specks : _____
 Masses: _____ Exposure Time (mAs): _____
 Schedule for Visual QC: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Phantom QC: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Compression: Day(s): _____ Week(s): _____ Month(s): _____

Imaging Station: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Exposure Time (%): _____ Background Density: _____ Density Difference: _____
 Fiber Count: _____ Speck Count: _____ Mass Count: _____
 Specify Phantom Base Values: Density Difference: _____ Background Density: _____ Fibers: _____ Specks : _____
 Masses: _____ Exposure Time (mAs): _____
 Schedule for Visual QC: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Phantom QC: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Compression: Day(s): _____ Week(s): _____ Month(s): _____

Imaging Station: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Exposure Time (%): _____ Background Density: _____ Density Difference: _____
 Fiber Count: _____ Speck Count: _____ Mass Count: _____
 Specify Phantom Base Values: Density Difference: _____ Background Density: _____ Fibers: _____ Specks : _____
 Masses: _____ Exposure Time (mAs): _____
 Schedule for Visual QC: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Phantom QC: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Compression: Day(s): _____ Week(s): _____ Month(s): _____

Imaging Station: _____ Manufacturer: _____ Model number : _____
 Serial number: _____ Facility/location: _____ Department: _____
 Specify Alert Variables: Exposure Time (%): _____ Background Density: _____ Density Difference: _____
 Fiber Count: _____ Speck Count: _____ Mass Count: _____
 Specify Phantom Base Values: Density Difference: _____ Background Density: _____ Fibers: _____ Specks : _____
 Masses: _____ Exposure Time (mAs): _____
 Schedule for Visual QC: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Phantom QC: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for Compression: Day(s): _____ Week(s): _____ Month(s): _____

CASSETTE INFORMATION AND QC SCHEDULE WORKSHEET

Sample: Cassette #:12100690001 Facility/location: Penrad Clinic Department: Mammography
 Schedule for Cleaning: Day(s): M-F Week(s): 1-5 Month(s): 1 - 12 (every M-F)
 Schedule for screen contact test: Day(s): F Week(s): 1-5 Month(s): 1 - 12 (every Friday only)

Scheduling: Day(s): M, T, W, Th, F, S, Sun Week(s): 1, 2, 3, 4, 5 - not all have 5 (will use if applicable) Month(s): 1-12
 It is recommend that the following cassette numbering system be implemented to identify cassettes: The first 4 numbers are the size of the cassette (example: 1824, 2430) the next 4 numbers are the month and the date of first service (example: 0699 - 6th month, 99th year), the last 4 numbers are the serial number of the cassette (example: 0001, 0002, ..)
 This allows rapid identification of cassettes for cleaning and SCT and allows facilities to identify the life cycle of a cassette and allow replacement cassettes to have the same serial number (last 4 numbers of cassette number).

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

Cassette #: _____ Facility/location: _____ Department: _____
 Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
 Schedule for screen contact test: Day(s): _____ Week(s): _____ Month(s): _____

DARKROOM QC SCHEDULE WORKSHEET

Sample: Darkroom 1: Mammo 1 Facility/location: Penrad Clinic Department: Mammography
Schedule for Cleaning: Day(s): M-F Week(s): 1-5 Month(s): 1 - 12 (every M-F)
Schedule for Fog: Day(s): F Week(s): 1-5 Month(s): 1 - 12 (every Friday only)
Scheduling: Day(s): M, T, W, Th, F, S, Sun Week(s): 1, 2, 3, 4, 5 - not all have 5, will use if applicable Month(s): 1-12

Darkroom: _____ Facility/location: _____ Department: _____
Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
Schedule for Fog: Day(s): _____ Week(s): _____ Month(s): _____

Darkroom: _____ Facility/location: _____ Department: _____
Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
Schedule for Fog: Day(s): _____ Week(s): _____ Month(s): _____

Darkroom: _____ Facility/location: _____ Department: _____
Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
Schedule for Fog: Day(s): _____ Week(s): _____ Month(s): _____

Darkroom: _____ Facility/location: _____ Department: _____
Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
Schedule for Fog: Day(s): _____ Week(s): _____ Month(s): _____

Darkroom: _____ Facility/location: _____ Department: _____
Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
Schedule for Fog: Day(s): _____ Week(s): _____ Month(s): _____

Darkroom: _____ Facility/location: _____ Department: _____
Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
Schedule for Fog: Day(s): _____ Week(s): _____ Month(s): _____

Darkroom: _____ Facility/location: _____ Department: _____
Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
Schedule for Fog: Day(s): _____ Week(s): _____ Month(s): _____

Darkroom: _____ Facility/location: _____ Department: _____
Schedule for Cleaning: Day(s): _____ Week(s): _____ Month(s): _____
Schedule for Fog: Day(s): _____ Week(s): _____ Month(s): _____