



### Medical Physics Oversight Checklist Fluoroscopic DEMO Units

This checklist should be submitted by the supervisor of the Radiology Department for review by a New York State licensed Medical Physicist. Following the addition of a Demo unit to the facility, Medical Physics oversight **prior to first patient use** is to promote best patient care practices while maintaining a strong quality assurance program.

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Unit Identification

#### Step 1. Radiology Management - Prior to First Patient Use

- Date Range of clinical use: \_\_\_\_\_
- Service reports from Manufacturer must include evidence of the following evaluations:
 

<input type="checkbox"/> Collimation	<input type="checkbox"/> Typical/Maximum Exposure Rates
<input type="checkbox"/> Half-Value Layer	<input type="checkbox"/> Fluoroscopic Image Quality
<input type="checkbox"/> Switch/Interlocks	<input type="checkbox"/> 5 Minute Timer
<input type="checkbox"/> kV Accuracy	<input type="checkbox"/> Radiation Protection Survey
- Sent this form to Upstate Medical Physics (Fax: 585-924-5765)
- Attached results of Manufacturer's Equipment Performance report (*required*)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date of form completion*

**If vendor cannot supply supporting documentation of the above tests, then arrangements should be made with UMP to perform the full acceptance survey, to ensure compliance with NYSDOH.**

#### Step 2. Upstate Medical Physics, NYS Licensed Medical Physicist

- Clinical use approved
- Clinical use not approved, recommend additional onsite testing by UMP

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date of review*