



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:
 - ☐ Collimation
 - ☐ Half-Value Layer
 - ☐ Switch/Interlocks
 - ☐ kV Accuracy
 - ☐ Typical/Maximum Exposure Rates
 - ☐ Fluoroscopic Image Quality
 - ☐ 5 Minute Timer
 - ☐ 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