UPSTATE MEDICAL PHYSICS
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Medical Physics Oversight Checklist
New X-Ray Tube – Radiographic/Fluoroscopic Units

The following checklist has been created based on the NYSDOH Guide for Radiation Safety/QA Programs Appendix A. This checklist should be submitted by the supervisor of the Radiology Department for review by a New York State licensed Medical Physicist. Following installation of a new tube Medical Physics oversight **prior to first patient use** is to promote best patient care practices while maintaining a strong quality assurance program.
Onsite testing should be performed **within 30 days**.

Facility _____ Unit/Room Identification _____

Step 1. Qualified Service Engineer

❍ New Tube Installed (Date: _____)
❍ Post-Installation Service performed on unit which included the following evaluations:

Check all that apply

☐ Half-Value Layer
☐ kVp Accuracy
☐ mAs Linearity
☐ Exposure Reproducibility
☐ Collimation
☐ Typical/Maximum Exposure Rates

_____ _____
Signature *Date of installation*

Step 2. Radiology Management - Prior to First Patient Use

❍ Attached results of Service Engineer's report (*if available)*
❍ Sent this form to Upstate Medical Physics (Fax: 585-924-5765)

_____ _____
Signature *Date form sent to UMP*

Step 3. Upstate Medical Physics, NYS Licensed Medical Physicist

❍ Reviewed supplied documents
❍ Returned signed form to client
❍ UMP will initiate scheduling of on-site medical physics testing

_____ _____
Signature *Date of review*

Upon return of this signed document to the facility, use of the equipment on patients can resume

☐ Check only if applicable

I acknowledge that this unit is needed for patient use before immediate oversight can be provided by Upstate Medical Physics (e.g. this form is being submitted to UMP outside of regular business hours). Not having this unit available for imaging will negatively impact patient care and is the reason for its use on patients before immediate Medical Physics oversight.

Signed: _____ Date: _____