

CT QUALITY CONTROL VISUAL CHECKLIST

PERFORMED MONTHLY

Facility: _____ Room # _____ Unit: _____

		Month	1	2	3	4	5	6	7	8	9	10	11	12
		Day												
(Year)	Technologist's Initials													
Gantry	Table height indicator													
	Table Position Indicator													
	Angulation indicator													
	Laser localization light													
	High voltage cable/other cables													
	Smoothness of table motion													
	X-Ray on indicator													
Control Console	Exposure switch													
	Display window width/level													
	Panel switches/lights/meters													
	X-Ray on indicator													
	Door interlocks													
	Warning labels													
	Intercom switch													
Other (add as deemed appropriate)	Postings													
	Service records													
Pass = √ Fail = F Does not apply = NA														

Reviewed by: _____
 The formul _____ Qualified Medical Physicist

_____ Date of review
 Provided by: Radiation Services, Inc.