

## 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.

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Facility

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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*

- |   |   |
|---|---|
| <input type="checkbox"/> Half-Value Layer | <input type="checkbox"/> Exposure Reproducibility       |
| <input type="checkbox"/> kVp Accuracy     | <input type="checkbox"/> Collimation                    |
| <input type="checkbox"/> mAs Linearity    | <input type="checkbox"/> Typical/Maximum Exposure Rates |

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*Signature*

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*Date of installation*

#### Step 2. Radiology Management - Prior to First Patient Use

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

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*Signature*

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*Date form sent to UMP*

#### Step 3. Upstate Medical Physics, NYS Licensed Medical Physicist

- Reviewed supplied documents
- Returned signed form to client
- New Tube testing to take place within 30 days of new tube installation

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*Signature*

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*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 (i.e. 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: \_\_\_\_\_