

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
FOOD AND DRUG ADMINISTRATION  
ABOVE TABLE X-RAY SOURCE  
FLUOROSCOPIC AND SPOT FILM SYSTEMS  
FIELD TEST RECORD

(Use Form FDA 2782, Field Test Record Continuation, if more space is needed.)

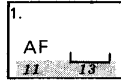
Print Legibly. Use Black Ball Point Pen. Enter One Character Per Box. Do Not Write in Shaded Area.

FIELD TEST SERIAL NO. (1-8)

AF  
REGIONAL REVIEW (NAME)

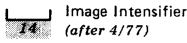
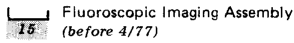
CARD NO. (9-10)

Test Procedure

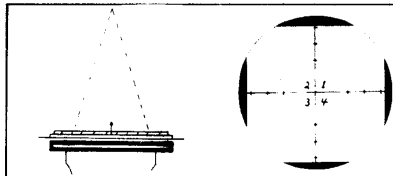
1. 


Component Certification Information


2. Indicate the status of each as follows:  
C - Certified                      V - Certified with a Variance  
N - Not Certified                X - Not Present

 Image Intensifier (after 4/77)                       Fluoroscopic Imaging Assembly (before 4/77)

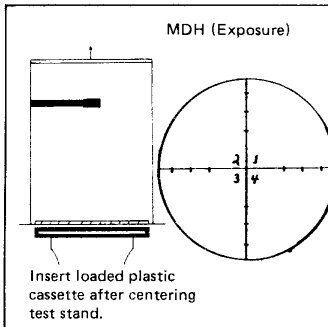
Surveyor Protection and Tracking Tests



3. System Hazardous  Y - YES    N - NO  
If yes, describe hazard in Remarks and discontinue testing!

4. Beam Limiting Device Tracks Image Receptor Properly  Y - YES  
N - NO  
X - N/A  
Worst Case SID \_\_\_\_\_ in OR \_\_\_\_\_ cm

X-Ray Field/Image Receptor Alignment

MDH (Exposure) 




















5. Source to TABLETOP Distance  \_\_\_\_\_ cm  \_\_\_\_\_ cm

















	Image Dimension	X-Ray Field Dimension
1/4	 _____ in  _____ in	10.  _____ cm  _____ cm
2/1	 _____ in  _____ in	11.  _____ cm  _____ cm
3/2	 _____ in  _____ in	12.  _____ cm  _____ cm
4/3	 _____ in  _____ in	13.  _____ cm  _____ cm



6. \_\_\_\_\_ in    BLD positioned at worst case SID. Data here only if answer to tracking question (#4) is "NO". Otherwise, proceed with data at 14 through 22.

Fluoro Control



23. Fluoroscopic Technique Factor Control Type 







M - Manual Only  
A - Automatic Only  
B - Both Manual And Automatic



	Source to TABLETOP Distance	
1/4	 _____ in  _____ in	19.  _____ cm  _____ cm
2/1	 _____ in  _____ in	20.  _____ cm  _____ cm
3/2	 _____ in  _____ in	21.  _____ cm  _____ cm
4/3	 _____ in  _____ in	22.  _____ cm  _____ cm

14. Source to TABLETOP Distance  \_\_\_\_\_ cm  \_\_\_\_\_ cm

Entrance Exposure Rate (BLD fully open, no magnification, remove slide assembly)

24. MINIMUM Source to TABLETOP Distance  \_\_\_\_\_ cm  \_\_\_\_\_ cm    End of BLD as close to 30 centimeters as possible.

MANUAL 25.  \_\_\_\_\_ kVp  \_\_\_\_\_ kVp    26.  \_\_\_\_\_ mA  \_\_\_\_\_ mA    27.  \_\_\_\_\_ R/min  \_\_\_\_\_ R/min

28. Is a high level control present?  Y-YES    N-NO    29. Continuous Audible Signal Upon Activation of High Level Control  Y-YES    N-NO    X-N/A

