

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

FIELD TEST SERIAL NO. (1-8)
KV
REGIONAL REVIEW (NAME)

PEAK KILOVOLTAGE DETERMINATION FIELD TEST RECORD

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

Card No. (9-10)

Test Procedure:

1. **KV**

Technique Factors:

2. kVp non-dental: 71 to 90 kVp dental: 70 kVp or lower

3. mA


4. sec OR pulses

5. mAs

30

Copper Transmission Data:

MDH (Exposure Mode)



6. at least 100mR dental add 3.5 mm Al
 mR @ mm Cu

7. mR @ mm Cu

8. mR @ mm Cu

9. mR @ mm Cu

10. less than 2% of item 6
 mR @ mm Cu

REMARKS

		Copper Thicknesses (mm)			
	kVp	Item 7	Item 8	Item 9	Item 10
Dental:	65	0.46	0.87	1.00	1.26
	70	0.46	0.87	1.00	1.54
Non Dental:	70	0.46	0.87	1.00	1.67
	80	0.54	1.00	1.33	2.13
	90	0.67	1.33	1.67	2.67

CHECK IF CONTINUATION SHEET USED