

**A. DATA FORM FOR DAILY CT EQUIPMENT QUALITY CONTROL**

CT Facility Name: \_\_\_\_\_

CT Scanner Identifier: \_\_\_\_\_

Date		Water HU	Limit	Water SD	Limit	Axial Artifacts	Notes
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	
	Axial		Y/N		Y/N	Y/N	
	Helical		Y/N		Y/N	Y/N	

CT Quality Control Manual

Reviewed by: \_\_\_\_\_  
 Qualified Medical Physicist

\_\_\_\_\_ Date of Review