WEEKLY MRI EQUIPMENT QUALITY CONTROL FOR SMALL PHANTOM

Revie														Action limits:	Date			_	MK Facility Name:
Reviewed by:														± 5 mm	Accuracy Console OK? OK?	Pos Accu	Setup	2	Name.
														Yes/No	Console OK?		Setup & Table	ω	1
																Freq (Hz)	•	4	à
															(dB)	Attenua- tion	TX Gain or	5	1000
										2				100 ± 2 mm	H/F Sagittal Localizer Length (mm)	Measu (Axial Slic	Geometr	6	ď
														100 ± 2 mm	A/P (mm)	Measurements (Axial Slice #5 Diameter)	Geometric Accuracy	7	
		<i>5</i> 5												100 ± 2mm	(mm)		Υ	8	
														≤ 0.8 mm	Upper Left	Reso (Slice 1-High	High-Cont	9	MK Scaring
Date of Review:														≤ 0.8 mm	Lower Right	Resolution (Slice 1-Highest Resolved)	High-Contrast Spatial	10	MIK ocanner identifier:
															# of Spokes	Detectability (Slice #)	Low-Contrast	11 12	
														Yes/No	Any present?	Evaluation	Artifact		
															By				
															Notes				

Qualified Medical Physicist/MRI Scientist