

APPENDIX B

Graphs, check sheets & record sheets

Reject film analysis

Daily totals

Period: From _____ To _____

Cause	Daily totals							Weekly totals
Dates								
Projection								
Movement								
Under exp.								
Over exp.								
Static								
Fog (darkroom)								
Fog (cassette)								
Equipment								
Processing								
Other								
Totals								

Total film rejected: _____

Total film used: _____

Rejected film as a percentage of film used: _____

Cost of film rejected this week: _____

Comments/action

Reject film analysis

Daily totals by film size

Date: _____

	Film size cm	No. of films	Amount of film (sq. m)
1	35 x 43		
2	35 x 35		
3	30 x 40		
4	24 x 30		
5	18 x 24		
6	18 x 43		
7	Dent / Occ		
8	Other		
	Totals		

Total number of films: _____

Total square meters of film : _____

Cost of rejected film today: _____

Comments/action

Reject film analysis

Daily totals by location

Date: _____

Cause	Location				Total
	Room 1	Room 2	Room 3	Room 4	
Projection					
Movement					
Under exposed					
Over exposed					
Static					
Fog (darkroom)					
Fog (cassette)					
Equipment					
Processing					
Other					
Total					

Total films rejected today: _____

Comments/action

Collimator check records

Room _____ FFD (SID) _____ Light field size _____

kV _____ mA _____ Sec _____ mAs _____

Date	Light/X-ray coincidence test				Visual inspection	Electrical inspection	Shutter efficiency	Remarks
	A	B	C	D				

- The letters A,B,C,D, under “Light/X-ray coincidence test” above, refer to individual collimator shutters, “A” being the shutter on the control knob side, then rotating clockwise.
- Record the difference in mm between the light and X-ray images, indicate if the light field is **outside** or **inside** the X-ray field.

Viewing box

Maintenance and inspection

Dates inspected													
Position													
Safely fixed													
Light — even — brightness													
Electrical — plug — wiring — switch — tubes — starters													
Window													
Film clip													
Cleanliness — inside — outside													
Other													

Comments: (Enter date and signature)

Date

Comment

Signature

Fault report

To be completed by person reporting fault

Name	Time Date
Room	Priority (circle a number) 1 2 3 4 5 6 7 8 9 10 urgent not urgent
Description of problem (Please be specific)	
Signed _____	
Action	
Signed _____	
Outcome	
Signed _____	

Equipment record

Room No. _____

X-ray generator

Manufacturer _____ Supplier _____

Model _____ Serial No. _____

Date installed _____ Date accepted _____

Warranty expiry date _____

Sing phase _____ Three phase _____

Maximum kVp _____ Maximum mA _____

X-ray tube

Manufacturer _____ Supplier _____

Model _____ Serial No. _____

Focus sizes

Broad _____ Fine _____ Warranty expiry date _____

Date installed _____ Date accepted _____

Tube suspension

Manufacturer _____ Supplier _____

Model _____ Serial No. _____

Mounting—Floor/Ceiling _____ Locks—Manual/Magnetic _____

Date installed _____ Date accepted _____

Warranty expiry date _____

Collimator

Manufacturer _____ Supplier _____
 Model No. _____ Serial No. _____
 Light switch—Clockwork/Electronic Warranty expiry date _____
 Date installed _____ Date accepted _____

Table

Manufacturer _____ Supplier _____
 Model No. _____ Serial No. _____
 Movement—Tilt/Fixed Potter-Bucky—YES/NO
 Potter-bucky grid
 Ratio _____ Line _____ Focal range _____
 Movement—YES/NO

Upright potter-bucky

Manufacturer _____ Supplier _____
 Model No. _____ Serial No. _____
 Grid Ratio _____ Grid line _____
 Focal range _____ Grid movement—YES/NO
 Date installed _____ Date accepted _____
 Warranty expiry date _____

Control panel

Manufacturer _____ Supplier _____
 Model No. _____ Serial No. _____
 Date installed _____ Date accepted _____
 Warranty expiry Date _____

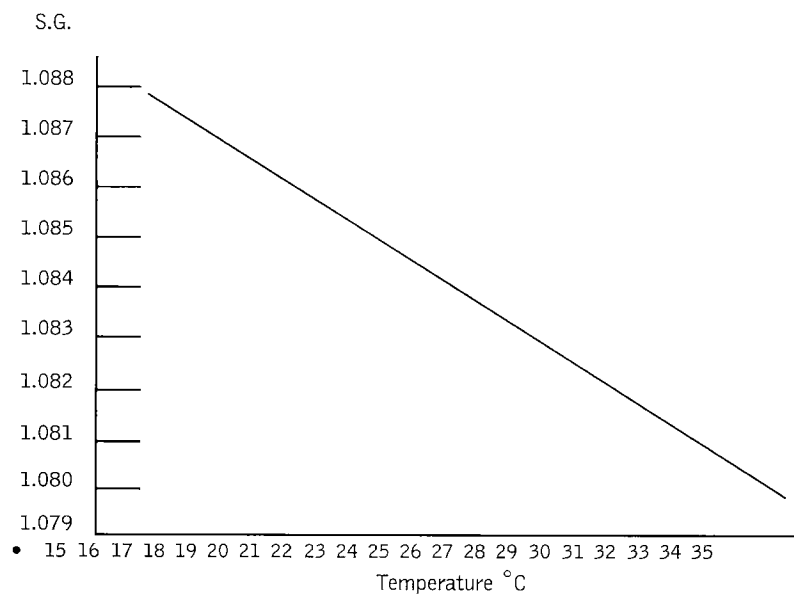
Darkroom inspection checklist

Location _____ Date _____

Inspected by _____

Item	OK	Not OK	Comments
<p>Darkroom:</p> <ul style="list-style-type: none"> ● Temperature (10–20 °C) ● Humidity (40% to 60%) ● White light leaks. ● Ventilation. ● Clean & tidy. <p>Safelight:</p> <ul style="list-style-type: none"> ● Working. ● Filter faded or cracked. ● Correct distance from bench. ● Leaking white light. ● Correct wattage light bulb. ● Safe for film handling time. <p>Film hopper:</p> <ul style="list-style-type: none"> ● Firmly anchored. ● Earthed. ● Damage free. ● Works effectively. <p>Bench top:</p> <ul style="list-style-type: none"> ● Earthed. ● Damage free. ● Clean. <p>Processor:</p> <ul style="list-style-type: none"> ● Working OK. ● QA checks carried out. ● Clean. <p>Accessory equipment:</p> <ul style="list-style-type: none"> ● Timer. (working) ● Chemical mixing paddles. ● Thermometer. (working) ● Aprons, gloves, goggles. (damage free, clean) ● Name printer. (working, clean) 			

Specific gravity/temperature graph



Automatic processor

Daily checks record

Developer: _____ Fixer: _____ Water: _____ Cycle: _____
 Repl. Rate _____ Repl. _____ Exch. rate _____ Time _____
 Temp. _____ Temp. _____ Temp> _____ Dryer temp. _____

Two week period:
 Commencing _____ Ending _____

DATES														
Dev. temp														
Water temp														
Dryer temp.														
Developer repl. Rate														
Fixer repl. Rate														
Cross over rollers Cleaned														
Circulation Check														
Water flow Rate														
Feed tray Cleaned														
Micro switches Checked														
Filters changed Bi monthly *****														

Remember that filters must be changed **monthly**

Automatic processor

Checklist and periodic replacement of parts

	Replacement parts	Replacement period
a	Springs, gears, shaft retainers, and E rings.	Every year
b	Fuses, temperature controller, safety thermostat, and developer submerged rack rollers.	Every two years
c	Fixer submerged rack rollers, wash water sub-merged Rack rollers, and dryer rack rollers.	Every three years

Inspection period (months)		12	24	36	48	60
Replacement parts	a	*	*	*	*	*
	b		*		*	
	c			*		

(* . . . replacement period)

Check list

Rack sections, drive systems

- Rack looseness and geometry
- Rack shaft retainers, gear wear
- Rack helical gear looseness
- Rack roller foreign matter buildup
- Drive motor chain tension
- Abnormal noises

Replenishment system

- Photoelectric detection section function
- Developer and fixer replenisher amounts check
- Replenisher solenoid valve function
- Replenisher pump function

Circulation and temperature control systems

- Processing tank internal foreign matter buildup
- Supply hose solution leaks
- Developer temperature check
- Fixer temperature check
- Circulation pump functions
- Dryer system
- Dryer section temperature check

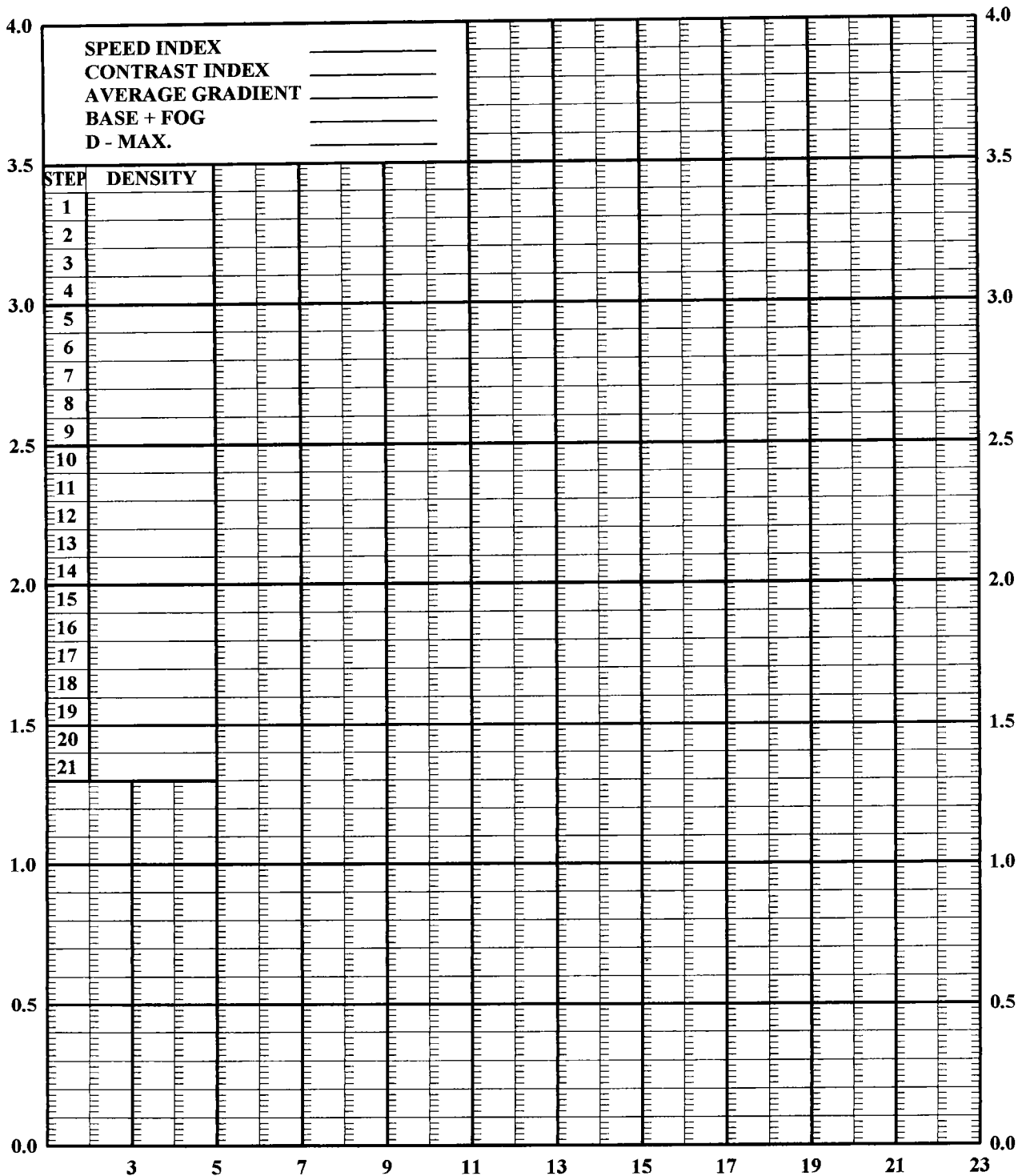
Miscellaneous

- Finished product photographic quality
- Upper lids, lower lids, and side plate checks
- Water supply and ventilation checks

Characteristic curve chart

Characteristic Curve

PROCESSOR :	DATE :
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Exposure chart

Examination	Pat. meas.	kV	mA mAs	Sec	FFD (SID) cm	Grid	Screen	Remarks
FOOT								
DP/Obl.					100	—	Detail	
Lat.					100	—	Detail	
CALCANEUM								
Lat.					100	—	Detail	
Axial 40° ↑					100	—	Detail	
ANKLE								
AP					100	—	Detail	
Lat.					100	—	Detail	
TIB. & FIB.								
AP					100	—	Fast	
Lat.					100	—	Fast	
KNEE								
AP					100	—	Fast	
Lat.					100	—	Fast	
PATELLA								
PA					100	—	Fast	
Lat.					100	—	Fast	
IS					100	—	Fast	
FEMUR								
AP Lower					100	—	Fast	
Lat. Lower					100	—	Fast	
AP Upper					100	Bucky	Fast	
Lat. Upper					100	Bucky /Stat.	Fast	
HIP								
AP					100	Bucky	Fast	
Lat.					100	Bucky	Fast	
Lat. Horizontal Ray					100	Stat.	Fast	
PELVIS								
AP					100	Bucky	Fast	

HAND							
AP/PA/Obl.				100		Detail	
Lat				100		Detail	
WRIST							
PA				100		Detail	
Lat.				100		Detail	
FOREARM							
AP				100		Detail	
Lat.				100		Detail	
ELBOW							
AP				100		Detail	
Lat.				100		Detail	
HUMERUS							
AP				100		Fast	
Lat.				100		Fast	
SHOULDER							
AP				100		Fast	
SI				100		Fast	
Trans Thoracic				100	Bucky	Fast	
Clavicle AP				100	Bucky	Fast	
Clavicle ↑				100	Bucky	Fast	
Scapula AP				100	Bucky	Fast	
Scapula Lat.				100	Bucky	Fast	
CERVICAL SPINE							
AP 1-3				100	Bucky	Fast	
AP 3-7 ↑				100	Bucky	Fast	
Obl.				180	Bucky	Fast	
Lat.				180	Bucky	Fast	
Lat. Supine				180	Stat.	Fast	
CERVICO THORACIC SPINE							
AP				100	Bucky	Fast	
Lat.				100	Bucky	Fast	
Swimmers				100	Stat.	Fast	

THERACIC SPINE							
AP					100	Bucky	Fast
Lat. Upper					100	Bucky	Fast
Lat. 10-12					100	Bucky	Fast
LUMBAR SPINE							
AP					100	Bucky	Fast
AP L5-S1 ↑					100	Bucky	Fast
PA					100	Bucky	Fast
Obl.					100	Bucky	Fast
Lat.					100	Bucky	Fast
Lat. L5-S1					100	Bucky	Fast
SACRAL SPINE							
AP ↑					100	Bucky	Fast
Lat.					100	Bucky	Fast
COCCYX							
AP ↑					100	Bucky	Fast
Lat.					100	Bucky	Fast
CHEST							
PA					180	Bucky	Fast
Obl.					180	Bucky	Fast
Lat.					180	Bucky	Fast
Lordotic					180	Bucky	Fast

RIBS							
AP Upper					100	Bucky	Fast
Obl. Upper					100	Bucky	Fast
AP Lower					100	Bucky	Fast
Obl. Lower					100	Bucky	Fast
STERNUM							
Obl.					100	Bucky	Fast
Lat.					100	Bucky	Fast
Lat.					180	Bucky	Fast
SCJ							
Obl.					100	Bucky	Fast
Lat.					100	Bucky	Fast
Lat.					180	Bucky	Fast

PA Close Distance					60	Bucky	Fast	
SKULL								
Townes					100	Bucky	Fast	
AP/PA					100	Bucky	Fast	
Lat.					100	Stat.	Fast	
SMV					100	Bucky	Fast	
FACIAL BONES								
OM					100	Bucky	Fast	
Lat.					100	Bucky	Fast	
Lat. Nose					100	—	Detail	
SINUSES								
OM					100	Bucky	Fast	
PA					100	Bucky	Fast	
Lat.					100	Bucky	Fast	
MANDIBLE								
PA					100	Bucky	Fast	
Lat.					100	Bucky	Fast	
Obl.					100	Bucky	Fast	
T.M.J.'s								
AP ↓					100	Bucky	Fast	
Lat. Obl.					100	Bucky	Fast	

