A. DATA FORM FOR WEEKLY MRI EQUIPMENT QUALITY CONTROL

MR Facility Name _____

MR Scanner Identifier _____

1 Date of Test Year ____	2 Table OK?	3 Console OK?	4 CF (Hz)	5 TX Gain/ Atten-uation (dB)	Phantom Distances (mm) Sag Loc Length	Axial Slice #5 ←Diameters→		Slice 1 HR Holes #		Slice # ____ Number of LCD Spokes	Artifacts ?	Test By	NOTES
					6	7	8	9	10	11	12	13	
					H/F (148)	A/P (190)	R/L (190)	UL	LR				
	Action Limits →												

Reviewed by: _____ _____

Qualified Medical Physicist/MRI Scientist — Date of Review