**Preventative Maintenance/Annual Quality Control Report**

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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Equipment Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Equipment Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Equipment Field Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_System Software Version: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last PM/Annual QC Survey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Facility Concerns/Issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **System Check:** | **Measured Value** | **Reference Range** | **Pass** | **Fail** | **Comments** |
| High Contrast Spatial Resolution |  |  | [ ]  | [ ]  |  |
| Magnetic Field Homogeneity |  |  | [ ]  | [ ]  |  |
| Slice thickness accuracy |  |  | [ ]  | [ ]  |  |
| Slice position accuracy |  |  | [ ]  | [ ]  |  |
| System Artifact |  |  | [ ]  | [ ]  |  |
| Low contrast detectability/contrast-to-noise-ratio |  |  | [ ]  | [ ]  |  |
| General equipment inspection |  |   | [ ]  | [ ]  |  |
| Patient alarm ball\* |  |  | [ ]  | [ ]  |  |
| Laser localizer\* |  |  | [ ]  | [ ]  |  |
| Table Operation |  |  | [ ]  | [ ]  |  |
| MRU/Quench Control\* |  |  | [ ]  | [ ]  |  |
| Archival Device\* |  |  | [ ]  | [ ]  |  |
| Intercom\* |  |  | [ ]  | [ ]  |  |
| Radio Frequency (RF) Shielding |  |  | [ ]  | [ ]  |  |

Repairs/remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Service Engineer/Medical Physicist signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Engineer/Medical Physicist printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Radio Frequency (RF) Coil Evaluation:**

*(attach additional sheet(s) as necessary***)**

**List all RF coils. Include integral body coil if present.**

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| **RF Coil Name****& serial number** | **Signal-To-Noise Ratio (SNR)** | **RF Calibration** | **Cables intact/integrity?** | **Artifact?** | **Pass** | **Fail** | **Comments:** |
| **Measured Value** | **Reference****Range** | **Measured Value** | **Reference****Range** |  |  |  |  |  |
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