

CT Machine Information

(Please complete and return a separate page for each CT scanner)

Facility Registration Number _____ Radiation Machine Registration Number _____

Accreditation

The American College of Radiology (ACR) currently offers accreditation to facilities in the area of computed tomography. Please indicate which of the following options best describes your facility's position or status with respect to this accreditation program.

- ___ Currently we have no plans to pursue ACR accreditation for CT.
- ___ We plan to begin the accreditation process within the next year
- ___ We are currently in the process of ACR accreditation for CT
- ___ We are currently accredited by ACR for CT.

CT Operators

How many CT operators use this machine? _____

How many of the CT operators are ARRT registered? _____

How many have the advanced certification in CT? _____

Medical Physicist

Does the facility have a medical physicist? (Yes or No) _____

If yes, what is the date of the last medical physics survey? _____

(It may decrease onsite inspection time if the facility can send a copy of the last physicist report to our office at least one week prior to the inspection)

Interpreting Physician

How many physicians interpret images from this CT machine? _____

How many of the physicians are board certified radiologists? _____

CT Brain Perfusion

Does the facility perform CT Brain Perfusion procedures? Yes No

Is the facility a Certified Stroke Center? Yes No

Specify the current protocol(s) used for CT Brain Perfusion examinations, including:

kVp	mA (mAs)	Auto mA Y/N	Scan time (s)	pulsed beam Y/N	Beam collimation	CTDI vol

Exposure Checks

Is there a procedure for reporting unusual or excessive CTDIvol or DLP information?

Yes No Unknown