

# DIGITAL Facility Data Form 2017

Please complete, save and email to your inspector PRIOR TO inspection date

Select your inspector:

## Facility Information

FDA#: \_\_\_\_\_ State Registration#: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Most Responsible (hires, fires, purchases): \_\_\_\_\_ Phone#: \_\_\_\_\_

Mailing address \_\_\_\_\_ Email: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Mailing address \_\_\_\_\_ Email: \_\_\_\_\_

Report Contact (confirms/conducts inspection): \_\_\_\_\_ Phone#: \_\_\_\_\_

Mailing address \_\_\_\_\_ Email: \_\_\_\_\_

## General Questions

- Screening mammograms only?
- Have you verified proof of initial 8 hrs digital and/or tomo training for all personnel? (technologists, radiologists and physicists)
- Do you send lay letters and reports for any addendum to a mammography report?
- Have you verified that all QC manuals are current within the last year?
- Do you perform post procedure mammograms?
- How is the post procedure mammogram charged?
- Any email addresses to add to the Radiation Protection [Mammography](#) and [XRAY](#) Listserv?

## Image Receptor Questions

Rm Name \_\_\_\_\_ Manufacturer \_\_\_\_\_ Baseline CNR \_\_\_\_\_ Established by:

- Any unit repairs/maintenance/moves since last inspection?
- Name/date of most recent software upgrade \_\_\_\_\_
- Was a Mammography Equipment Evaluation (MEE) required for any of the above?

Rm Name \_\_\_\_\_ Manufacturer \_\_\_\_\_ Baseline CNR \_\_\_\_\_ Established by:

- Any unit repairs/maintenance/moves since last inspection?
- Name/date of most recent software upgrade \_\_\_\_\_
- Was a MEE required for any of the above?

Rm Name \_\_\_\_\_ Manufacturer \_\_\_\_\_ Baseline CNR \_\_\_\_\_ Established by:

- Any unit repairs/maintenance/moves since last inspection?
- Name/date of most recent software upgrade \_\_\_\_\_
- Was a MEE required for any of the above?

Rm Name \_\_\_\_\_ Manufacturer \_\_\_\_\_ Baseline CNR \_\_\_\_\_ Established by:

- Any unit repairs/maintenance/moves since last inspection?
- Name and date of most recent software upgrade \_\_\_\_\_
- Was a MEE required for any of the above?

Rm Name \_\_\_\_\_ Manufacturer \_\_\_\_\_ Baseline CNR \_\_\_\_\_ Established by:

- Any unit repairs/maintenance/moves since last inspection?
- Name and date of most recent software upgrade \_\_\_\_\_
- Was a MEE required for any of the above?

Rm Name \_\_\_\_\_ Manufacturer \_\_\_\_\_ Baseline CNR \_\_\_\_\_ Established by:

- Any unit repairs/maintenance/moves since last inspection?
- Name and date of most recent software upgrade: \_\_\_\_\_
- Was a MEE required for any of the above?

**Review Workstations(RWS)**

- Is off-site QC available for inspection?
- Do documented QC dates match performance dates within the RWS software?
- Are procedures in place for off-site QC failures?

RWS Name on QC: \_\_\_\_\_ Location: \_\_\_\_\_

- Any unit repairs/maintenance/moves since last inspection?
- Was a MEE required?

RWS Name on QC: \_\_\_\_\_ Location: \_\_\_\_\_

- Any unit repairs/maintenance/moves since last inspection?
- Was a MEE required?

RWS Name on QC: \_\_\_\_\_ Location: \_\_\_\_\_

- Any unit repairs/maintenance/moves since last inspection?
- Was a MEE required?

RWS Name on QC: \_\_\_\_\_ Location: \_\_\_\_\_

- Any unit repairs/maintenance/moves since last inspection?
- Was a MEE required?

RWS Name on QC: \_\_\_\_\_ Location: \_\_\_\_\_

- Any unit repairs/maintenance/moves since last inspection?
- Was a MEE required?

RWS Name on QC: \_\_\_\_\_ Location: \_\_\_\_\_

- Any unit repairs/maintenance/moves since last inspection?
- Was a MEE required?

**INSPECTOR USE ONLY:**

Inspection Dates-Current \_\_\_\_\_ Previous \_\_\_\_\_

**Unit Information**

FDA Certified \_\_\_ 2D/3D \_\_\_ GE 3D add-on \_\_\_ Specimen Cabinet \_\_\_ Prone Stereo Table \_\_\_  
Bx/NLoc(non-certified) \_\_\_ Upright Stereo Attachment/FDA Certified Unit? \_\_\_ BMD to capture?

FDA 2579	Dissolution Policy	Film Badge Records
Post Installation Survey	Notice of Registration	Protective aprons
Notice to Employees	Technique Chart	State Regulations
Self-Referral Policy	RPP	Annual Review of RPP

Extremely and Heterogeneously breast density identified in report  
Disclaimer in lay letter for extremely or heterogeneously dense breasts  
Patient Breast Density Education (recommendation)

Rm \_\_\_\_\_ Rm \_\_\_\_\_ Rm \_\_\_\_\_ Rm \_\_\_\_\_ Rm \_\_\_\_\_ Rm \_\_\_\_\_

Phantom score: \_\_\_\_\_

Physicist dose:	2D _____	2D _____	2D _____	2D _____	2D _____	2D _____
	3D _____	3D _____	3D _____	3D _____	3D _____	3D _____

Notes: