

RADIOLOGY DEPARTMENT
EQUIPMENT SPECIFIC TRAINING
(DEXA Unit)



| | |
|----------------|--|
| Hospital | |
| Equipment Name | |
| Operator | |
| Assessor | |

| KNOWLEDGE | Tick |
|---|------|
| Demonstrate how to switch the unit on and perform the warm-up procedure. | |
| Be able to perform routine QA prior to use. | |
| Be able to move the gantry in all directions. | |
| Enter patient details / select from work-list. | |
| To be able to "add" to a previous scan | |
| Position patient correctly. | |
| To be able to reformat images | |
| To demonstrate knowledge of what anatomical areas are used for the calculations. | |
| Demonstrate correct use of immobilisation straps for the patients | |
| Be able to re-draw images / send images to PACS or Printer. | |
| Find the Protocols, Local Rules and Exposure Charts. | |
| Demonstrates an ability to use the dose-meter and understands the units of measurement. | |
| If a failed message comes up when exposing, describe your next action. | |
| Have knowledge of how to remove the room from action. | |
| Demonstrates an understanding of infection control. | |
| Find the emergency stop button & how to reset. | |

I certify that the above person has been trained and is competent to use the equipment without supervision. I further certify that this list is not exhaustive and does not constitute comprehensive training.

Signed _____ Assessor _____ Date _____

I have received adequate training and I feel that I am competent to use this equipment without supervision.

Signed _____ Operator _____ Date _____