

RADIOLOGY DEPARTMENT EQUIPMENT SPECIFIC TRAINING

(Film Mammography Unit)



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

| KNOWLEDGE | Tick |
|---|------|
| Demonstrate how to switch the unit on and perform the warm-up procedure. | |
| Understand the Quality Assurance procedure and be able to act on the results. | |
| Be able to move the gantry in all directions. | |
| Configure the system for the required view and procedure. | |
| Understand the control console and all its functions | |
| Enter patient details. | |
| Understand all automatic modes and manual mode functions. | |
| Choose and select an exposure mode and target selection as appropriate . | |
| Understand how to use the compression of the unit, and the force applied. | |
| Have knowledge of the emergency compression release. | |
| Process the image. | |
| Find the Protocols, Local Rules and Exposure Charts. | |
| 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 _____