

RADIOLOGY DEPARTMENT EQUIPMENT SPECIFIC TRAINING

(Portable Image Intensifier)



Hospital	
Equipment Name	
Operator	
Assessor	

KNOWLEDGE	Tick
Demonstrate how to plug in the unit and switch the unit on.	
Demonstrate the parking position of the 'C' arm.	
Demonstrate the use of the image rotation function & shutter function and zoom function.	
Find the focal spot on the equipment.	
Find the total inherent filtration on the equipment.	
Ability to input data, save, burn CD's and to send to archive.	
If, when switching on you got an "error" message, describe your next action.	
Awareness of radiation protection for patients & staff.	
Understands the control console and ALL its functions.	
Demonstrates an understanding of manual KV for limbs.	
Demonstrates ability to use ALL the units mechanisms.	
Understanding of pulsed fluoroscopy & AUTO dose rate control.	
Understand that the unit is not a table for orthopaedic surgeons.	
Be able to move the unit and put it away.	
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 _____