

RADIOLOGY DEPARTMENT
EQUIPMENT SPECIFIC TRAINING
(Stereotactic Attachment)



Hospital	
Equipment Name	
Operator	
Assessor	

KNOWLEDGE	Tick
Understand the Quality Assurance procedure for the stereotactic attachment.	
Be able to assemble the stereotactic attachment.	
Be familiar with the patient procedure for the stereotactic breast biopsy.	
Configure the system to accept the attachment.	
Demonstrate the use of the mammography chair.	
Understand all the attachments function.	
Have a complete knowledge of what is meant by the X, Y & Z axis.	
Be able to Calibrate the X Y and Z values.	
Be able to compress the paddle ensuring the patients co-operation.	
Have knowledge of the emergency compression release.	
Have a basic understanding of aseptic technique.	
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 _____