

RADIOLOGY DEPARTMENT EQUIPMENT SPECIFIC TRAINING

(Tomography Table)



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

| KNOWLEDGE | Tick |
|---|------|
| Demonstrate how to switch the unit on and perform the warm-up procedure. | |
| Demonstrate the parking position of the telescoping arm. | |
| Demonstrate the use of the collimator rotation and how to centre to the bucky. | |
| Demonstrate how to set the unit for tomography, including angles & height. | |
| Find the focal spot and inherent filtration on the equipment. | |
| Demonstrates ability to use all the units mechanisms. | |
| Understands the control console and all its functions. | |
| Find the Protocols, Local Rules and Exposure Charts. | |
| Demonstrates an understanding of the 'AVERAGE' pre-set exposure charts. | |
| Describe the difference between kV and mAs. | |
| Which exposure factor takes precedence (i.e. to reduce absorbed dose). | |
| 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 _____