				Digital				
Site	Name	Esse	ntia Health - Ashland Clini	С	Report Date	5/16/201	9	
Add	Iress	1625 M	Maple Lane, Ashland, WI 54806		Survey Date A/17		2019 / /	
Med	lical Phys	sicist's Name	Steven T. Nich	olas	Signature	TT TW	1.1.1	
X-R	av Unit N	lanufacturer	Lorad		Model	Seleria		
Date	e of Insta	llation	11/18/2010, moved 4	4/28/2016	Room ID	Mammo)	
QC	Manual V	ersion: (check on	e: must use version applicable	e to unit tested: co	ntact mfr if questions)			
	□ MAN	-00093, Rev. 008	☑ OTHER (write in):	MAN	-01476 Rev. 001 June	2009		
Acc	essorv F	quipment:	Manufacturer	Model		OC Manual V	ersion	
/.00	ECCC.J _	eview Workstation*	Barco/Hologic	5621/Secure\/iew	Do-site Ø Off-site	MAN-01476 Rev. 00	1.lune 2009	
		Laser Film Printer*	NA	NA	□ On-site □ Off-site	NA		
*FDA	a recomme	ends that only monite	ors and printers specifically clea	ared for FFDM use	e by FDA's Office of Device	Evaluation (ODE) be us	ed, but the	
use d	of others is	also legal. See FDA	s Policy Guidance Help System	Modification Doc	ument #9 (page 27).			
Sur	vey Туре	: •	Mammo Eqpt Evaluation of new	w unit (include MC	QSA Rqmts for Mammo Eqp	checklist) 🛛 🖉 A	nnual Survey	
			Medical Physic	cist's QC	Tests			
			meandarr nyon		10010		PASS/FAIL	
1.	Mammog	graphic Unit Ass	embly Evaluation					
	F	Performs accordir	ng to 1999 ACR Mammogr	aphy Quality C	Control Manual		Pass	
	A	Autodecompression	on can be overridden to ma	aintain compre	ssion (& status displaye	ed)	Pass	
	Ν	Manual emergenc	y compression release car	n be activated	in the event of power fa	ilure	Pass	
2.	Collimat	ion Assessment						
	0	Deviation betweer	n X-ray field and light field	≤ 2% of SID			Pass	
	>	K-ray field does no	ot extend beyond any side	of the IR by >2	2% of SID		Pass	
	>	K-ray field covers	all of the IR on the chest v	vall side			Pass	
	F	Paddle chest wall	edge does not extend bey	ond IR by >1%	of SID or appear on m	ammogram	Pass	
3.	Artifact I	Evaluation (no sig	gnificant artifacts visible)	-		-	Pass	
4.	kVp Acc	uracy and Repro	oducibility					
	- N	Measured average	e kVp within ±5% of indica	ted kVp			Pass	
	k	Vp coefficient of	variation ≤ 0.02	·			Pass	
5.	Beam Qu	uality Assessme	nt - HVL Measurement				Pass	
		,					Pass	
7.	Automat	ic Exposure Cor	ntrol (AEC) Function Perf	formance (NA	for systems without AEC)			
	E	Each pixel value (2-8 cm; all operating mode	es) within $\pm 10\%$	6 of mean		Pass	
	E	Exposure compen	sation steps performance	within accepta	ble limits		Pass	
8.	Breast E	ntrance Exposu	re. AEC Reproducibility a	and Average (Glandular Dose			
0.		Average glandular	dose for average breast i	$s \le 3 \text{ mGy} (300)$	0 mrad)	124 mrad	Pass	
	, (Coefficient of varia	ation for either R or mAs \leq	0.05 (NA for s	vstems without AFC)		Pass	
9	Radiatio	n Output Rate (>	7.0 mGv air kerma/sec (800 mF	R/sec) @ 28 kVn			Pass	
10	Phantom	n Image Quality	Evaluation	(000) © 20 mp,			1 400	
	F	largest fibers 4	largest speck groups and	4 largest mass	es are visible*		Pass	
	(*4 5 fibers 40 sr	eck arouns and 3.5 mass	es may be acc	entable under certain ci	rcumstances)	1 455	
	F	Phantom image d	uality scores:	ibers 60	Specks 40	Masses 4.0	1	
		Hard conv backer	ound density must be > 1 (20 (with operat	ind level > 1.40	Ma3303 4.0	ΝΔ	
		lard copy backgr	difference (DD) over acry	lic disk must b	e within accentable limit	te		
	•		tical densities Backard					
11	Signal-T	o-Noise Ratio (S	(NR) and Contrast-To-No	ise Ratio (CN	R) Measurement (value	s required for all tests)	1	
	cigital i	SNR is ≥ 40			SNR	61.0	Pass	
	(CNR should not v	ary by more than ±15% (N	A for Equipment E	Evaluation) CNR	12.84	Pass	
12.	Viewbox	Luminance and	Room Illuminance					
-	N	Mammographic vi	ewbox is capable of a lumi	inance of at lea	ast 3000 cd/sq m (nit)		Pass	
	F	Room illuminance	(viewbox surface as seen	by observer) i	s ≤ 50 lux		Pass	
	F	Room illuminance	(monitor surface) is ≤ 20 l	ux for softcopy	/ reading		Pass	
13.	Review V	Norkstation (RW	/S) Tests* (for all RWS, e	ven if located	offsite)			
	C	Overall Results ("/	Pass" means all tests pass; indi	cate "Fail" if any t	est fails)		Pass	

FDA requires that all RWS comply with a QC program that is **substantially the same as that recommended by the **image receptor manufacturer**. If the RWS is FDA-approved, the RWS's QC manual is considered to be "substantially the same" and you may follow it. (Check with the RWS manufacturer for their FDA clearance status and QC manual.) If the RWS is **not** FDA-approved for FFDM, you **must** follow the QC manual provided by the image receptor manufacturer. (Check with the image receptor manufacturer for their required tests.)

Site	Name	St	. Francis	Regional Medical Cer	nter		Report Date Prelim 4/24			4/2019	
Add	Iress	1455 S	St. Franci	is Ave., Shakopee, MN	N 55379		Surv	vey Date	/	4/24/20	019
Medical Physicist's Name			Steven T. Nicholas			Si	gnature	Î	Ten Thilds		
X-Ray Unit Manufacturer			Lorad/Hologic				Model	Sel	Selenia Dimensions DBT		
Date	e of Ins	tallation		4/24/201	9		Room ID		Mamn	no	
						•		SN		SDM1317	00475
QC	Manua	I Version #	М	AN-03706, Rev. 0	08 (Dec 2	018)	(use any ve	rsion applica	able to mode	el; contact m	fr if questions)
Acc	essory	Equipment		Manufacturer	Mc	odel	Loca	ation	Q	C Manual V	/ersion #
		Review Workstation*		Hologic	Secu	reView	On-	Site	MAN-03	3706, Rev. (008 (Dec 2018)
		Film Printer*		NA	N	IA	N	Α		NA	
*FDA FDA	A recomm 's Policy	nends that only monite Guidance Help Syste Survey Type-	ors and p m (www. Mammc	orinters specifically clea accessdata.fda.gov/cc Eqpt Evaluation (ME	ared for FF drh_docs/pr E E) of new	DM use by I esentations, unit (includ	FDA's Offic /pghs/Polic de MQSA F	e of Device _Guidance R qmts for I	e Evaluatio _Help_Sys Mammo E	n (ODE) be stem.htm). qpt checkl	e used. See ist)
		Features-	2D	and Digit	, al Breast T	omosynthe	esis (DBT)	•			,
("Pass" means all components of the test passes; indicate "Fail" if any component fails. Tests must be done for both on and off-site ed F 1. Mammographic Unit Assembly Evaluation 2. Collimation Assessment								PASS/FAIL Pass Pass			
3.	Artifac	t Evaluation									Pass
4.	kVp Ac	ccuracy and Repr	oducit	oility							Pass
5.	Beam	Quality Assessm	ent - H	VL Measurement							Pass
6.	Evalua	tion of System R	esoluti	ion							Pass
7.	Autom	atic Exposure Co	ontrol (AEC) Function Pe	erforman	ce (NA for s	systems wi	thout AEC)			Pass
8.	Breast	Entrance Expos	ure, AE	EC Reproducibility	y and Ave	erage Gla	ndular D	ose		-	_
	Avera	ige glandular dose	e for ave	erage breast is ≤3	mGy (300	mrad) (co	onventional)	115	mrad	Pass
_	Avera	ige glandular dose	e for ave	erage breast is ≤3	mGy (300) mrad) (D	BT)		141	mrad	Pass
9.	Radiat	ion Output Rate	E velu			0 1					Pass
10.	Phanto	Dhantana image	Evalua		Fibers	Specks	Masses				
		Phantom Image s	cores (conventional)	6.0	4.0	4.5				Pass
11	Signal	-To-Noiso Patio a	cores (<i>DBT)</i> ntract-To-Noico P	0.0 atio Moa	4.0	4.5	roquirod fo	r all taata)		Pass
•••	Signal	SNR (value)	52			Surement	S (values l	equired to	all lesis)		Pass
		CNR (value)	10	5.0	now unit M	EE and Ann	ual Survov	h			Fd55
		CNR should not y	ary by	more than $+15\%$ (N	JA for MEE	LE and Ann)	uai Suivey,	/			NΔ
12.	Diagno	stic Review Wor	kstatio	n (RWS) QC (for al	IRWS eve	, n if located	offsite [.] NA	if only har	dcopy read	()	Pass
13.	DICON	Printer QC (if and	olicable	MFF only)	, , , , , , , , , , , , , , , , , , , ,	in in located	0//0//0, 14/1	n only nai		<i>•</i> /	NA
14.	Detect	or Flat Field Calil	bration	(MEE only)							Pass
15.	Geome	etry Calibration F	or Tom	osynthsis (DBT M	EE onlv)						Pass
16.	Compr	ession Thicknes	s Indic	ator (MEE only)							Pass
17.	Compr	ression (MEE only)									Pass
18. Detector Ghosting (trou			bleshooting only)							NA	

Site Nam	e	CMDI a	t FirstLight Health Syste	em		Report Date		7/11/20	7/11/2019	
Address 1425		25 N Main Street, Pine City, MN 55063			Survey Date		7/11/20	19/1		
Medical F	Physicist's Name	Steven T. Nicholas			Signature Th		IT Wh	lab		
X-Ray Unit Manufacturer			Lorad/Hologic			Model Selenia Dimer		nia Dimens	sions DBT	
Date of Ir	nstallation		7/10/201	9			Room ID		Mamm	10
						1	SN		SDM13190	00771
QC Manu	al Version #		MAN-03706, Rev. 0	08 (Dec 2	2018)	(use any ve	rsion applica	ble to model	; contact mfi	r if questions)
Accesso	ry Equipment		Manufacturer	Mo	odel	Loca	ation	QC	C Manual V	ersion #
	Review Workstation*		Barco/Hologic	MDM	G-5221	On-site	Off-site	MA	N-04959, I	Rev. 002
	Film Printer*		NA	١	NA	N	Α		NA	
*FDA recon FDA's Polic	nmends that only monit y Guidance Help Syste Survey Type- Features-	ors and m (www Mamn 2D	l printers specifically clea v.accessdata.fda.gov/co no Eqpt Evaluation (ME and Digit	ared for FF drh_docs/pr EE) of new	DM use by resentations unit (inclue	FDA's Offic /pghs/Polic de MQSA F	e of Device Guidance Rqmts for I	e Evaluatior _Help_Sysi Mammo Eq	n (ODE) be tem.htm). pt checkli	used. See st)
			Madiaal D	hvoioi	otio Or	C Taa	6			
<i>"</i>			inedical P	nysici	St S Q	Lies	IS .	с I и		
("Pass" m	ieans all components o	t the te	st passes; indicate "Fail	" If any con	nponent fails	s. Tests mu	st be done	for both on	and off-site	e equipment.)
1 Mam	mographic Unit A	scomb	ly Evaluation							PASS/FAIL
1. Main 2 Collin	mographic onit As	nt								Pass
2. Com 3 Δrtifa	act Evaluation	n								Pass
4. kVn /	Accuracy and Rep	roduc	ibility							Pass
5. Bean	n Quality Assessm	ent -	HVL Measurement							Pass
6. Evalı	uation of System R	esolu	tion							Pass
7. Auto	matic Exposure C	ontrol	(AEC) Function Pe	erforman	ce (NA for	systems wi	thout AEC)			Pass
8. Brea	st Entrance Expos	ure, A	EC Reproducibility	y and Ave	erage Gla	ndular D	ose			
Ave	rage glandular dos	e for a	verage breast is ≤3	mGy (300) mrad) (c	onventiona	Ŋ	117	mrad	Pass
Ave	rage glandular dos	e for a	verage breast is ≤3	mGy (300) mrad) <i>(D</i>	BT)		143	mrad	Pass
9. Radia	ation Output Rate								•	Pass
10. Phan	tom Image Quality	/ Eval	uation	Fibers	Specks	Masses				
	Phantom image s	cores	(conventional)	6.0	4.0	4.5				Pass
	Phantom image s	cores	(DBT)	5.0	4.0	4.0				Pass
11. Signa	al-To-Noise Ratio	and C	ontrast-To-Noise R	atio Mea	surement	t s (values	required fo	r all tests)		
	SNR (value)		56.9							Pass
	CNR (value)	1	1.42 (required for	new unit M	EE and Ann	ual Survey)			
	CNR should not	ary by	/ more than ±15% (/	VA for MEE)					NA
12. Diagi	nostic Review Wo	rkstat	on (RWS) QC (for al	ll RWS, eve	en if located	offsite; NA	if only hard	copy read)		Pass
13. DICO	MI Printer QC (if ap	olicable	, MEE only)							NA
14. Dete	ctor Flat Fleid Call	pratio	n (MEE only)							Pass
15. Geometry Calibration For Tomosynthsis (DBT MEE only)								Pass		
16. Com	pression inicknes	s ind	cator (MEE only)							Pass
17. Com	pression (MEE only)		<i>e</i> 13							Pass
18. Deteo	ctor Gnosting (trou	bleshoo	oting only)							NA

				. <u> </u>				
Site	Name	F	Riverwood Clinic McGregor		Report Date	5/13/201	9	
Address		2 East 0	t Center Ave., Mcgregor, MN 55760		Survey Date	A/15/201	9,11	
Med	lical Ph	ysicist's Name	Steven T. Nicholas		Signature			
X-Ra	ay Unit	Manufacturer	Lorad/Hologic Model ~		Selenia	a		
Date	e of Inst	allation	7/13/2011		Room ID	138 Mammog	graphy	
QC	Manual	Version: (check or	ne; must use version applicable	e to unit tested; o	contact mfr if questions)			
		MAN-00093, Rev. 008	Image: OTHER (write)	te in): MAN	I-01476 Rev. 001 June	2009		
Acc	essory	Equipment:	Manufacturer	Model	Location	QC Manual V	ersion	
	-	Review Workstation*	Hologic/Barco	MDMG-5221	□ On-site □ Off-site	MAN-04959, R	lev. 002	
		Laser Film Printer*	NA	NA	NA	NA		
*FDA recommends that only monitors and printers specifically cleared for FFDM use by FDA's Office of Device Evaluation (ODE) be used, b								
use c	of others i	s also legal. See FDA	's Policy Guidance Help System	n Modification Do	cument #9 (page 27).	nt also alsliat) — A		
Sur	иеу тур	e	Mammo Eqpt Evaluation of nev	w unit (include w	QSA Remis for Mammo Eq	pt checklist) 🖬 P	unual Survey	
			Medical Physic	cist's QC	Tests			
							PASS/FAIL	
1.	Mamm	ographic Unit As	sembly Evaluation					
		Performs according	ng to 1999 ACR Mammogr	raphy Quality	Control Manual		Pass	
		Autodecompressi	on can be overridden to m	aintain compr	ession (& status display	/ed)	Pass	
		Manual emergence	cy compression release ca	n be activated	I in the event of power f	ailure	Pass	
2.	Collima	ation Assessmen	t					
		Deviation between	n X-ray field and light field	≤ 2% of SID			Pass	
		X-ray field does n	ot extend beyond any side	of the IR by >	>2% of SID		Pass	
		X-ray field covers	all of the IR on the chest w	wall side			Pass	
_		Paddle chest wall	edge does not extend bey	ond IR by >19	% of SID or appear on r	nammogram	Pass	
3.	Artifact	Evaluation (no si	ignificant artifacts visible)				Pass	
4.	kVp Ac	curacy and Repro	oducibility					
		Measured averag	e kVp within ±5% of indica	ited kVp			Pass	
_	_	kVp coefficient of	variation ≤ 0.02				Pass	
5.	Beam (Quality Assessme	ent - HVL Measurement		,		Pass	
6. 7		tion of System Re	esolution (system limiting spa	atial resolution >1	/ cycles/mm (lp/mm))		Pass	
1.	Automa	atic Exposure Co		Tormance (N/	tor systems without AEC)			
		Each pixel value (2-8 cm; all operating mode	es) within ±10	% of mean		Pass	
•	D	Exposure comper	isation steps performance	within accept	able limits		Pass	
ŏ.	Breast	Entrance Exposu	Ire, ALC Reproducibility	and Average				
		Average glandula	r dose for average breast i	is ≤ 3 mGy (30	Ju mrad)	182 mrad	Pass	
0	Dadiati	on Output Pote //	auon for either K or mAs \leq	0.00 (NA TOP)	systems without AEC)		Pass	
9. 10	Dhanta		$v_{10/1}v_{10} > \sigma_{00} m_{K} sec, W/Rh > 2$	230 MR/Sec)			Pass	
10.	rnanto			A lorgest man	ooo oro viciblo*		Deee	
		(*4.5 fibore 4.0 cm	argest speck groups and	+ largest mas	ses die VISIDIe centable under cortein d		Pass	
		Phantom image a				Massae 1 F	1	
		Hard conv backer	$\frac{1}{2}$	20 (with opera	$\frac{3}{100} = \frac{3}{100}$	11123553 4.3	NΔ	
		Hard conv density	u difference (DD) over acry	lic disk muet k	ne within accentable lim	iits	NΔ	
			ical densities Rackaro					
11.	Signal-	To-Noise Ratio (S	SNR) and Contrast-To-No	oise Ratio (CN	IR) Measurement (valu	es required for all tests	;)	
	J	SNR is ≥ 40	,		, SNR	44.3	Pass	
		CNR should not v	ary by more than ±15% (N	A for Equipment	Evaluation) CNR	10.35	Pass	
12a.	DICO	M Printer QC (requ	uired for MEE only)				NA	
12b.	Viewb	ox Luminance ar	nd Room Illuminance					
		Mammographic vi	iewbox is capable of a lum	inance of at le	east 3000 cd/sq m (nit)		Pass	
		Room Illuminance	e (viewbox surface as seen	by observer)	ls ≤ 50 lux		Pass	
12	Poviou	Norkstation (B)	e (monitor surface) is ≤ 20	iux for softcop	y reading		Pass	
13.	Review	Overall Results ("	Pass" means all tests pass' indi	icate "Fail" if any	test fails)		Pass	
14.	Detect	or Flat Field Calil	bration (required for MEF only	v)			NA	
15.	Comp	ression Thicknes	s Indicator (required for ME	E only)			Pass	
16.	Comp	ression (required for	r MEE only)				NA	

FDA requires that all RWS comply with a QC program that is **substantially the same as that recommended by the **image receptor manufacturer**. If the RWS is FDA-approved, the RWS's QC manual is considered to be "substantially the same" and you may follow it. (Check with the RWS manufacturer for their FDA clearance status and QC manual.) If the RWS is **not** FDA-approved for FFDM, you **must** follow the QC manual provided by the image receptor manufacturer. (Check with the image receptor manufacturer for their required tests.)

Sito Nam	•	Riverwood Carrison Clinic	<u> </u>	Report Date	5/12/201	0
Addross	07070 040	ate Highway 18 Garrison MN 56450		Survey Date		9
Modical [27270 Sta	Stoven T Nich		Survey Date	() 4/15/201 (TH The	9 <u>_</u>
	it Monufooturor		0	Signature	San	- la la
Data of Ir		Z/20/2011				7
	IStallation	1/20/2011	a ta unit taatadu		1 TU Mammoq	grapny
	MAN-00093 Rev 008	e, must use version applicable			2000	
	n F auliana anta				2009	
Accessor	y Equipment:	Manufacturer	Model	Location		
	Review Workstation		MDNG-5121 BB		IVIAIN-U1476 REV. U	JT June 2009
*FDA reco l	mmends that only monit	fors and printers specifically cle	ared for FFDM u	se by FDA's Office of Device	e Evaluation (ODE) be	used, but the
use of others is also legal. See FDA's Policy Guidance Help System Modification Document #9 (page 27).						
Survey T	ype: □	Mammo Eqpt Evaluation of ner	w unit (include M	QSA Rqmts for Mammo Eq	pt checklist) 🛛 🖉 A	nnual Survey
		Madical Dhysid		Tacto		
		Weulcal Fliysic		16313		PASS/FAIL
1. Mam	mographic Unit Ass	sembly Evaluation				17100/1712
	Performs accordir	ng to 1999 ACR Mammog	raphy Quality	Control Manual		Pass
	Autodecompressi	on can be overridden to m	aintain compr	ession (& status display	/ed)	Pass
	Manual emergenc	cy compression release ca	n be activated	I in the event of power fa	ailure	Pass
2. Colli	mation Assessment	t .				
	Deviation betweer	n X-ray field and light field	≤ 2% of SID			Pass
	X-ray field does no	ot extend beyond any side	of the IR by >	>2% of SID		Pass
	X-ray field covers	all of the IR on the chest	wall side			Pass
	Paddle chest wall	edge does not extend bey	ond IR by >1	% of SID or appear on n	nammogram	Pass
3. Artifa	act Evaluation (no sig	gnificant artifacts visible)				Pass
4. kVp/	Accuracy and Repro	oducibility				
	Measured average	e kVp within ±5% of indica	ated kVp			Pass
	kVp coefficient of	variation ≤ 0.02				Pass
5. Bean	n Quality Assessme	ent - HVL Measurement				Pass
6. Evalu	uation of System Re	esolution (system limiting spa	atial resolution >	7 cycles/mm (lp/mm))		Pass
7. Auto	matic Exposure Co	ntrol (AEC) Function Per	formance (NA	A for systems without AEC)		
	Each pixel value (2-8 cm; all operating mod	es) within ±10	% of mean		Pass
	Exposure comper	sation steps performance	within accept	able limits		Pass
8. Brea	st Entrance Exposu	re, AEC Reproducibility	and Average	Glandular Dose		
	Average glandula	r dose for average breast	is ≤ 3 mGy (30	00 mrad)	159 mrad	Pass
	Coefficient of varia	ation for either R or mAs ≤	60.05 (NA for	systems without AEC)		Pass
9. Radia	ation Output Rate (I	Mo/Mo > 800 mR/sec, W/Rh > 2	230 mR/sec)			Pass
10. Phan	tom Image Quality	Evaluation				
	5 largest fibers, 4	largest speck groups and	4 largest mas	ses are visible*		Pass
	(*4.5 fibers, 4.0 sp	beck groups and 3.5 mass	es may be ac	ceptable under certain o	circumstances)	1
	Phantom image q	uality scores: FI	bers 6.0	Specks 4.0	Masses 4.5	
	Hard copy backgr	ound density must be ≥ 1 .	20 (with opera	ating level \geq 1.40)		
		ical densition: Do Reckara				NA
11. Sign	al-To-Noise Ratio (S	SNR) and Contrast-To-No	oise Ratio (CN		es required for all tests	
	SNR is ≥ 40			SNR	44.1	Pass
	CNR should not v	ary by more than ±15% (۸	IA for Equipment	Evaluation) CNR	10.65	Pass
12a. DIC	OM Printer QC (requ	uired for MEE only)				NA
12b. View	wbox Luminance ar	nd Room Illuminance				
	Mammographic vi	ewbox is capable of a lum	inance of at le	east 3000 cd/sq m (nit)		Pass
	Room illuminance	e (viewbox surface as seer	by observer)	is ≤ 50 lux		Pass
12 Douis	Room illuminance	e (monitor surface) is ≤ 20	iux for softcop	y reading		Pass
13. Revie	Overall Results ("	VOJ TESIS" (TOF All KWS, (Pass" means all tests pass" ind	even in locate	u onsite) test fails)		Pass
14. Dete	ctor Flat Field Calik	Dration (required for MEF onl	v)			NA
15. Com	pression Thickness	s Indicator (required for ME	E only)			Pass
16. Com	pression (required for	r MEE only)				NA

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Site Name	St I	_uke's - Chequamegon Cl	inic	Report Date	5/16/2019	
Address	2201 Lak	eshore Drive E, Ashland,	WI 54806	Survey Date	4/17/2019 / /	
Medi Steve	n T. Nicholas	Steven T. Nich	nolas	Signature	Sen This is	
X-Ray Unit	Manufacturer	Hologic		Model	Selenia Dimensions DBT	
Date of Inst	allation	3/14/18		Room ID	Mammography/DEXA Room #129	
	-			SN	SDM131900240	
QC Manual	Version #	MAN-03706, Rev. 00	6 (June 2017)	(use any version applicable to model; contact mfr if questions		
Accessory I	Equipment	Manufacturer	Model	Location	QC Manual Version #	
Review Workstation*		Barco/Hologic	MDMG-5221	On-site Off-site	MAN-04959, Rev. 002	
Film Printer*		NA	NA	NA	NA	

*FDA recommends that only monitors and printers specifically cleared for FFDM use by FDA's Office of Device Evaluation (ODE) be used. See FDA's Policy Guidance Help System www.fda.gov/CDRH/MAMMOGRAPHY/robohelp/START.HTM.

Survey Type

Mammo Eqpt Evaluation of new unit (include MQSA Rqmts for Mammo Eqpt checklist)
Annual Survey

Medical Physicist's QC Tests

("Pass" means all components of the test passes; indicate "Fail" if any component fails. Tests must be done for both on and off-site equipment.)

		PASS/FAIL				
1.	Mammographic Unit Assembly Evaluation	Pass				
2.	Collimation Assessment	Pass				
3.	Artifact Evaluation	Pass				
4.	kVp Accuracy and Reproducibility	Pass				
5.	Beam Quality Assessment - HVL Measurement	Pass				
6.	Evaluation of System Resolution	Pass				
7.	Automatic Exposure Control (AEC) Function Performance (NA for systems without AEC)	Pass				
8.	Breast Entrance Exposure, AEC Reproducibility and Average Glandular Dose	Pass				
	Average glandular dose for average breast is ≤3 mGy (300 mrad)					
9.). Radiation Output Rate					
10.	0. Phantom Image Quality Evaluation					
	Phantom image scores: Fibers 6.0 Specks 4.0 Masses 4.5					
11.	Signal-To-Noise Ratio and Contrast-To-Noise Ratio Measurements (values required for all tests)					
	SNR (value) 52.3	Pass				
	CNR (value) 10.18 (Required for both new unit Mammography Equipment Evaluations and Annual S	Surveys)				
	CNR should not vary by more than ±15% (NA for Equipment Evaluation)	Pass				
12.	2. Diagnostic Review Workstation (RWS) QC (for all RWS, even if located offsite; NA if only hardcopy read)					
13.	3. DICOM Printer QC (Mammography Equipment Evaluations only)					
14.	4. Detector Flat Field Calibration (Mammography Equipment Evaluations only)					
15.	Compression Thickness Indicator (Mammography Equipment Evaluations only)	Pass				
16.	Compression (Mammography Equipment Evaluations only)	Pass				
17.	Geometry Calibration	Pass				