



**Sri Lanka Atomic Energy Act No.40 of 2014**  
**SRI LANKA ATOMIC ENERGY REGULATORY COUNCIL**  
**REPORT ON THE QUALITY OF THE X-RAY EQUIPMENT**  
**(Only for used & re-conditioned machines)**



A report from a qualified person or institution should be submitted on the quality of the X-ray machine with the application. The report should include the following information.

**1) Details of the person who tested the machine:**

Name & Designation			
Contact details			
• Office	Mailing Address :		
	Telephone :		
	Fax :		
	Email :		
• Private	Mailing Address :		
	Telephone :		
	Fax :		
	Email :		
Qualifications			
Experience			

**2) Details of the institution/s from which the qualifications of the above person who tested the machine:**

Name of the Institution / s			
Contact details	Mailing Address :		
	Telephone :		
	Fax :		
	Email :		

### 3) Details of the Machine /Equipment:

Type of the X-ray machine (Please select)	General X-ray Static	<input type="checkbox"/>	Fluoroscopy	<input type="checkbox"/>
	General X-ray Mobile	<input type="checkbox"/>	Fluoroscopy with II	<input type="checkbox"/>
	Digital X-ray	<input type="checkbox"/>	Angiography (DSA)	<input type="checkbox"/>
	Dental X-ray	<input type="checkbox"/>	C – Arm	<input type="checkbox"/>
	Mammography	<input type="checkbox"/>	Bone Densitometer	<input type="checkbox"/>
	CT	<input type="checkbox"/>		
Other (specify) : _____				
Brand Name				
Model No.				
Year of Manufacture				

### 4) State the details of the tests carried out for verification of the suitability of the above machine/s for diagnostic procedures with respect to following requirements.(use separate sheets, if necessary)

- a) Performance of the following factors :  
kVp/ timer / output reproducibility accuracy and linearity, Beam Quality (HVL), Beam Alignment, Collimation, Automatic Exposure Control etc.
- a) Image Quality for CT and Fluoroscopy system (In addition to the test recommended in “a”)  
Eg. : I) Fluoroscopy  
Automatic Brightness Control, Automatic Exposure Control, Distortion, Field Size, Resolution contrast etc.  
II) CT  
Resolution, uniformity, contrast and brightness, calibration phantom test results

### 5) Conclusion : Whether the machine is suitable for diagnostic procedures

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I hereby declare that the information provided in this form are correct to the best of my knowledge and belief.

**(Signature of the person / institution who issue this report with the seal)**

Signature of the Applicant : -----

Name : -----

Designation : -----

Date : -----

Seal of the Institute : -----

E-mail : -----