Table III: X-Ray Technique and Equipment Questionnaire

1. Settings of chest film forwarded for evaluation:

   a. Phototimer system used:
   YES_____ NO_____
   Milliamperes_____ Milliamperes_____
   Backup Time_____ Time_____
   Kilovolt Peak_____ Milliamperes-seconds(mAs)____
   Kilovolt Peak_____
   b. Focal Film Distance _____ Filtration_____

2. Type of equipment:

   a. Manufacturer_____Model_____
   b. Generator type: Single phase_____
   Three phase_____
   Other (specify)_____

   c. Automatic collimation available: Yes_____ No_____

   d. Films/intensifying screens used_____

   e. Grid used: Ratio _____Lines/inch_____

   f. Maintenance provided by_____

3. Workload:

   a. Radiographs:
   Number of all types of films per week_____
   Number of chest films per week_____

   b. Retake rate: Percentage of films retaken_____

4. Darkroom:

   a. Type of processing: Automatic_____ Manual_____

   Manufacturer_____ Model_____

   Type thermometer_____ Type timer_____

   b. Maintenance:
   Frequency for changing chemicals_____
   Maintenance performed by:_____
   Technician_____
   Medical repair technician_____
   Service contract_____