# Quality Assessment Of Radiographic Images

### Assessment period: Name of assessor:

From: ……………………………. ……………………………………………………….

To: …………………………… Audit No: …………………………

### Ratings

1 = Excellent (no errors at any stage of the process)

2 = Diagnostically acceptable (some errors in one or more stages of the process but radiographs still provide information required)

3 = Unacceptable (errors in one or more areas of the process, which make further diagnosis impossible)

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| --- | --- | --- | --- | --- |
| **Radiograph Number** | **Rating** | **If rating not 1 – area of concern (one or both)** | | **Comments** |
| **Clinical** | **Processing** |
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### Summary

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|  | **No. of Radiographs** | **% of Total** | **Standard** | **Conclusions** |
| **Rated 1** |  |  | 70% |  |
| **Rated 2** |  |  | 20% |
| **Rated 3** |  |  | 10% |

### Action Required

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