Effective: 17 October 2017

## X-Ray Operator General X-Ray Examination Assessment Form

Date of Assessment:	XRO Site:
Assessing MIT:	Site Approved Radiographer Review:

X-ray Operator ID	Examination Date	Patient ID	Examination Performed	Views Performed	Image Critique				Other MIT Comments (e.g.	Should this have been
					Positioning		Diagnostic		request appropriateness,	performed by an MIT
					Accept	Poor	Yes	No	collimation, side markers)	Y/N

Ensure this Assessment Form is forwarded to appropriate personnel and retained as part of your Quality System Recordkeeping