



Dose Calibrator Geometry Test Worksheet

Facility Name: _____ Test Date: ____/____/____

Instrument Information

Instrument Name: _____ Model Number: _____

Manufacturer: _____ Serial Number: _____

Last Geometry Date: _____ Instrument ID: _____

Enter Test Data Below

<u>Volume</u>	<u>Actual Time</u>	<u>Activity</u>
1 ml	:	mCi
2 ml	:	mCi
3 ml	:	mCi
5 ml	"	mCi
10 ml	:	mCi
20 ml	:	mCi

Dose calibrator geometry must be performed at installation and after repair/relocation of the calibrator according to facility license conditions.

Geometry Performed by: _____