

Sirona Alternate Dental CBCT QA Program  
Galileos: **Table 3A** Requirements for Dental CBCT

Item	Required Test or Procedure	Frequency	Galileos Substitute Test or Procedure	Standard
1	Equipment Function “Indicators, Mechanical & other Safety Checks	Daily	Same as alternate Dental CBCT	Must work properly
2	Film Processing QC Testing	None	Filmless Unit, Test not Applicable	None, not applicable
3	CT Number for Water	Daily	Use of Constancy Phantom Test Quality Inspection Manual Procedure 2.2-2.8 (pg 6-11)	Gray Scale Reference Value=3500, Tolerance= 3850 (+10%), Tolerance =3150 (-10%)
4	Field Uniformity	Daily	Use of Constancy Phantom Test Quality Inspection Manual Procedure 2.2-2.8 (pg 6-11)	No/few artifacts visible.
5	Laser Film Printer QC	None	Not Applicable	None, not applicable
6	Low Contrast Resolution	Initial & Annually	Use of Constancy Phantom Test Quality Inspection Manual Procedure 2.2-2.8 (pg 6-11)	Reference Value = 0.002; Minimum Tolerance =0.001 (50%)
7	High Contrast Resolution	Initial & Annually	Use of Constancy Phantom Test Quality Inspection Manual Procedure 2.2-2.8 (pg 6-11)	Minimum Tolerance = 1.4 lp/mm
8	Noise	Initial & Annually	Use of Constancy Phantom Test Quality Inspection Manual Procedure 2.2-2.8 (pg 6-11)	SNR Reference Value= 60; Tolerance (+67%) = 100.2; Tolerance (-25%) = 45
9	Scan Localization Light Accuracy	Initial & Annually	Use of Constancy Phantom Test Installation Manual Procedure 12.2 Checking the Mechanical system adjustment (pg 161) Procedure 11 Checking the Laser Light Localizer	+/- 2mm
10	Medical Physicist’s QC Survey	Initial & Annually	Same as alternate Dental CBCT	NJAC 7:28-22.10
11	Medical Physicist’s Quality Assurance Program Review	Initial & Annually	Same as alternate Dental CBCT	NJAC 7:28-22.4(a)7