

Manufacturer's Recommendations for Alternate Dental CBCT QA Program

**Owandy: Model I-Max Touch 3D**

**Table 3** Requirements for Dental CBCT

<b>Item</b>	<b>Required Test or Procedure</b>	<b>Frequency</b>	<b>Substitute Test or Procedure</b>	<b>Standard</b>
1	Equipment Function "Indicators, Mechanical & other Safety Checks	Daily	6.8 Verification of Technical Factors Page 37 Appendix A  6.10.1 Measurement Conditions Page 40 Appendix A  6.10.2 Measurement Procedure Page 40 Appendix A	Must Work Properly
2	Film Processing QC Testing	Daily	N/A	N/A
3	CT Number for Water	Daily	6.11.5, CT number of water Page 44 Appendix A	Average Number for Water is 0 HU  Accepted deviation: $\pm 100$ HU
4	Field Uniformity	Daily	6.12.4 Uniformity check Page 48, 51 Appendix A	Homogeneity > 5
5	Laser Film Printer QC	Weekly	None	None
6	Low Contrast Resolution	Initial & Annually	6.12.3 Noise and Contrast Scale Page 48, 51 Appendix A	L Contrast Resolution: Contrast > 250
7	High Contrast Resolution (Modular Transfer Function - MTF 10%)	Initial & Annually	6.11.2 Modular Transfer Function (MTF) Page 43 Appendix A	Maximum accepted deviation is MTF 10% > 1
8	Noise	Initial & Annually	6.11.1 Noise Page 43 Appendix A	Average CNR is 3.5 Accepted deviation CNR > 2.5
9	Scan Localization Light Accuracy	Initial & Annually	6.12.2 QC Program Test Page 46 Appendix A	Check the bubble level vs the bubble level of the machine and align the phantom using the mid- sagittal laser.
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