NATIONAL BREAST SCREENING PROGRAMME
EQUIPMENT FAULT REPORT (FORM 4)

	Screening centre:	Programme:	Region:	Centre code:
Centre with fault				

TYPE OF EQUIPMENT

- ❑ X-ray set
- ❑ Film processor
- ❑ Chemical mixer
- ❑ Film loader/unloader
- ❑ Identity camera
- ❑ Film
- ❑ Cassette
- ❑ Screen
- ❑ Stereo attachment
- ❑ Film illuminator
- ❑ Mobile van/trailer
- ❑ Ultrasound system
- ❑ Other

EQUIPMENT DETAILS

Manufacturer	
Model	
Identity number	
Installation date	

Serviced by ❑ Manufacturer/supplier ❑ Third party ❑ In house ❑ Other

Servicing agency

TYPE OF FAULT (tick ONE category)

- ❑ Film fault
- ❑ Screen fault
- ❑ Cassette fault
- ❑ Identity camera fault
- ❑ Illuminator fault
- ❑ Faulty electrical supply
- ❑ Trailer fault
- ❑ Ultrasound fault
- ❑ Stereo fault
- ❑ Film/cassette handling
- ❑ Film artefact
- ❑ Poor film screen contact
- ❑ Poor image quality
- ❑ Mechanical/drives
- ❑ Faulty cassette clips
- ❑ Compression fault
- ❑ Cracked paddle
- ❑ Beam alignment/collimator
- ❑ Film density problem
- ❑ Unstable processing
- ❑ Incorrect replenishment
- ❑ Wet films
- ❑ Fluid leak
- ❑ Tube failure
- ❑ Non-exposure
- ❑ Non-termination
- ❑ Unwanted exposure
- ❑ Wrong exposure
- ❑ Low x-ray output
- ❑ Noisy
- ❑ kV error
- ❑ Light beam diaphragm failure
- ❑ Faulty quality control data
- ❑ Error code
- ❑ Early termination
- ❑ Display/buzzer fault
- ❑ Other

Description of fault

ACTION

- ❑ Fault corrected by user
- ❑ Correction at next service visit
- ❑ Engineer called out (service call no. _____)

Has an adverse incident report been sent to the Medical Devices Agency? ❑ Yes ❑ No

Please detail the corrective action taken

FAULT SEVERITY

- ❑ Equipment continued in use
- ❑ Equipment temporarily out of use
- ❑ Equipment permanently taken out of use

Total equipment downtime (days)	
Total screening downtime (days)	
No. of repeat films	
No. of cancelled patients	
No. of recalled patients	

SATISFACTION

Are you satisfied with the response of the service organisation?	❑ Yes	❑ No
Are you satisfied with the performance of the service engineer?	❑ Yes	❑ No
Are you satisfied with the reliability/performance of this equipment?	❑ Yes	❑ No

FORM COMPLETED BY

Name		Tel. no.	
Designation		Date of fault	
Screening centre		Date form completed	

Return to Dr Ken Young, National Coordination Centre for the Physics of Mammography, Radiation Protection, Royal Surrey County Hospital, Guildford GU2 7XX

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