North American Imaging, Inc.
924 Via Alondra, Camarillo, CA 93012
(800) 288-8823 (805) 383-2200 FAX (805) 383-2212

X-RAY TUBE
Installation Report

Date: ______________________

Customer: ______________________

Checked By: ______________________

A. X-ray Tube
   Type No.: Serial No.:
   Date Received: Date Installed:

B. Information of Equipment

   What is x-ray tube used for? Please check:

Fluoroscopy	Industrial/Therapy	Radiography	Tomography
Spot Film	Angio/Cine	Mammography	CT
Dental	Portable	Other ________	

X-Ray Generator: Manufacturer ______________________
Model # ______________________
Maximum KV ______________________
Maximum MA ______________________

Rotor Control: Manufacturer ______________________
Model # ______________________

C. Inspection of Housing
   Please note any defects upon receipt:
   Oil Seals ______________________
   Radiation Port ______________________
   Receptacles ______________________
   Stator ______________________
   Thermal Switch/Heat Sensor ______________________
   Heat Exchanger/Cooler ______________________

D. Inspection of Insert Tube
   Please note any defects upon receipt:
   Glass Envelope ______________________
   Vacuum Condition ______________________
   Target Surface ______________________
   Anode/Cathode Surface ______________________
   Filaments ______________________
   Rotation of Anode ______________________

E. List any difficulties experienced during installation and calibration.

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Failure to complete this report may void future warranty considerations.