## Appendix 6

## **Quality Assurance Manual (covering Paper)**

This manual describes the Quality Assurance Program that will be continuously implemented by:

| Facility Name: Address:   |           |         |    |
|---|-----------|---------|----|
| Date Completed by Facility Date(s) reviewed/updated with Medical Physicist  |           |         |    |
|   |           |         |    |
|   |           |         |    |
|   |           |         |    |
|   |           |         |    |
| I (registrant) will carryout the  | e QA P    | 'rograr | n, |
| set the goals and direction, determine the policies, and assess the   | effective | eness ( | 01 |
| the QA program. The medical physicist and I will review the   | e QA j    | progra  | m  |
| annually. The review will consist of the certified medical physicist  | and I re  | viewin  | ιg |
| the QA Manual, all tests, test results and corrective action recommendations offered by the medical physicist or other staff. | taken a   | ınd ar  | ıy |
| recommendations offered by the inequeal physicist of other staff.   |           |         |    |