

Minnesota Department of Health  
Radiation Control, X-ray Unit

# Repeat/Reject Analysis Worksheet

Time Period: \_\_\_\_\_ to \_\_\_\_\_

Total # Images Used: \_\_\_\_\_

Cause	Number of Images	Total Number	Total Percentage
Image - Black			
Image - Dark			
Image- Good			
Image - Light			
Fog - Cassette			
Fog - Darkroom			
Mechanical			
Other			
Patient Motion			
Positioning			
Static			

*The analysis must include at a minimum the overall retake or reject rate, and a summary of causes for the retakes. Include corrective actions if needed.*

$$\text{Repeat Rate} = \frac{\text{Total Number Repeats}}{\text{Total Images Taken}} \times 100$$

Quarterly Repeat Rate \_\_\_\_\_

$$\text{Optional: Individual Cause Repeat Rate} = \frac{\text{Total Number Repeats for That Cause}}{\text{Total Number of Repeats}} \times 100$$



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