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QUALITY ASSURANCE – REJECT ANALYSIS

PERIOD:

YEAR:

	Dark	Light	Motion	Positioning	Processing	Total
Finger						
Hand						
Wrist						
Forearm						
Elbow						
Humerous						
Shoulder						
Clavicle						
Sternum						
Toe						
Foot						
Ankle						
Leg						
Knee						
Femur						
Hip						
Pelvis						
C Spine						
D Spine						
L Spine						
Sacrum						
Coccyx						
Other						

Total Films Taken: _____ Total Rejected Films: _____ Reject % _____

ACCEPTABLE < 5%