

(to be filled out by FDA)

DTN: _____ PLSD Code: _____
Tentative Schedule of Performance Testing: _____ to _____
Assigned Health Physics Team: _____
Contact Number and Email Address: _____

PREREQUISITES FOR PERFORMANCE TESTING

Instructions: Tick the box of the selection/s applicable to you and submit this form via email in a compiled PDF to csl-plsd@fda.gov and to assigned HP Team before the schedule of performance testing.

Requirement No. 7.1: FACILITY PREPAREDNESS

- The machine/s shall be completely installed and fully functional according to the terms and conditions of procurement such as, but not limited to, adequate power supply/generator, shielding requirements, installation service report, etc.

Requirement No. 7.2: SERVICE ENGINEER

- The Service Engineer (SE) shall be available on date/s of performance testing and is authorized to make necessary adjustment, if needed.

Requirement No. 7.3: APPLICATIONS SPECIALIST/ RADIOLOGIC TECHNOLOGIST

- The Applications Specialist (AS) and/or licensed Radiologic Technologist (RT) shall be available on date/s of performance testing and is authorized to operate the machine.

Requirement No. 7.4: DAILY TRAVEL EXPENSES

(The Daily Travel Expenses (DTE), stipulated in Executive Order No. 77 dated 15 March 2019 and Department Order No. 2019-0225 and its amendments, to be incurred on the duration of the schedule of performance testing shall be shouldered by the requesting party pursuant to FDA Personnel Order.)

- Provision of meal allowance for the duration of performance testing
- Arrangement of transportation (air, land, sea) for the duration of performance testing from FDA Central Office (or agreed location) to destination facility and vice versa
- Arrangement of accommodation for the duration of performance testing
- Not applicable
- Provision of per diem allowance for the duration of performance testing
- Not applicable

Requirement No. 7.5: ACCOMMODATION

- The reservation or confirmation booking for the accommodation, *if applicable*, shall be provided to the FDA team. In compliance to existing COVID-19 protocol, a separate room for each member of the FDA team shall be provided to prevent the possible spread of COVID-19.
- Not applicable

Requirement No. 7.6: AIR/SEA TRANSPORTATION

- The booking ticket/s or itinerary receipt/s for air and/or sea transportation, *if applicable*, shall be provided to the FDA team. Baggage allowance, at least 20 kilos with at least two (2) pieces allowable per member of the FDA team, is provided for the test equipment and personal luggage.
- Not applicable

Requirement No. 7.7: LAND TRANSPORTATION

- The car make/model, plate number, and name and contact number of the driver or coordinator for land transportation shall be provided to the HP team. The provided car transportation shall be

enough for the number of members of HP team and the test equipment.

Requirement No. 7.8: MACHINE SPECIFICATION

- The copy of technical specification of the machine/s shall be provided upon request of the HP team.
- The leakage technique factors¹ shall be provided to the HP team from the manufacturer.

Maximum Rating (kW)	Tube voltage (kV)	Tube current (mA)

¹ for ionizing radiation-emitting machine/s only

- Not applicable

Requirement No. 7.9: PURCHASE ORDER

- For government-procured machines, the copy of Purchase Order (PO) and/or other related documents shall be provided to the HP team.

Requirement No. 7.10: EXPOSURE INDICATOR

(For digital radiography (DR) and Computed Radiography (CR) systems, the following shall be provided to the HP team)

- Calibration conditions (kV, mA/mAs, SID, filter, etc.)

kV	mA/mAs	SID	Filter	Other conditions

- Calculation of Exposure Indicator (EI) relating to the detector air kerma

Requirement No. 7.11: COVID-19 REQUIREMENTS

(In the event of COVID-19 pandemic or other pandemic/disease outbreak declared by DOH/WHO, the following additional requirements are provided to the HP team)

- Swab testing and/or any test requirements, *if applicable*, prior the schedule of performance testing for the HP team
- Not applicable
- Provision of acceptance letter or certification from the facility and/or LGU indicating the name of members of the HP team and purpose of travel, signed by the head or any competent authority of the facility and/or LGU.
- Not applicable
- Provision of appropriate Personal Protective Equipment (PPE) and other related infection control management including disinfection of machine/s and room or location of performance testing
- Not applicable
- Other requirements (*please specify*): _____

I certify that applicable and relevant requirements, as part of our request, are complied and that all information supplied and attachment/s provided are true and correct. Further, I confirm the schedule of performance testing and agree to the terms and conditions stated herein

Signature over Printed Name of Authorized Representative

Designation: _____
Name of Requesting Party: _____
Contact number: _____