



X-Ray Skills Checklist

Name: _____ Date: _____

TYPES OF EXAMS PERFORMED: Please put "X" next to the skills you are competent in the ability as an X-Ray Technologist.
1 = No Experience 2 = Some Experienced 3 = Very Experienced

	1	2	3	ABDOMEN (cont)	1	2	3	UPPER EXTREMITIES	1	2	3	EQUIPMENT	1	2	3
HEAD & SPINE				Retrograde				Hand				Bedside			
Mandible				Chain				Fingers				Surgy			
Mastoid				Voiding				FEMALE GI TRACT				Portable			
IAC'S				SPINE & PELVIS	1	2	3	Pelvimetry				Franklin Head Unit			
Facial				C-Spine				Abdomen				Automatic Proc.			
Nasal				T-L Spine				Hysterosalpingogram				Manual Dark Room			
Orbits				L-Spine				VASCULAR				Other:			
Sinus/Skull				Scoliosis Study				Angiogram				NUCLEAR MEDICINE	1	2	3
Neck Soft Tissue				Pelvis As/Stereo				Cardiogram				Cat. Scan			
Salivary Gland				SI Joints				Aorteriogram				Tomography			
Laryngogram				Myleogram				Thoracic				Mammography			
Sialogram				Total Spine				Abdominal Cath.				Needle Localiz.			
ABDOMEN	1	2	3	CHEST	1	2	3	Leg Arch				Bone Length			
AP				Chest PA / Lat				Venogram				Bone Age			
KUB				Infant				Lymphangiogram				Fistula			
Complete				Pediatric				Cardiac Cath				Specimen			
Cine-Esphogram				Decubitus				Digital Angio (DSA)				Placemaker			
UGI				Lordotic				LOWER EXTREMITIES	1	2	3	Portables			
UGI/Sm. Bowel				Sternum				Hip				CVP Lines			
Barium Enema				Ribs				Total Hip				Ortho			
BE/Double Contract				UPPER EXTREMITIES				Femur				Casting			
Gall Bladder				Clavicle				Knee				Trauma			
Chole - Surg/post op				Scapula				Tib/Fib				Surgery			
IV Cholangiogram				Shoulder				Ankle				Ultrasound			
GI Tube				A-C Joints				Foot				List Active State Licenses			
ABDOMEN				Humerus				Heel							
IVP				Elbow				Toe							
IVP/Tomos				Forearm				EQUIPMENT	1	2	3				
IVP/Retrograde				Wrist				C-Arm							
Custpgram													Supervisory Experience	YES	NO

Signature/Date _____