SOP · RTH-SOP-003 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 57.3

At a glance

- Each treatment machine is checked on the documented quality assurance schedule (RTH-REG-001).
- Output and safety interlocks are checked against the tolerance.
- A machine that fails a check is taken out of clinical use until it is repaired and re-tested.
- Stop and get help straight away if: a treatment machine is used clinically after a failed check or after its scheduled check is overdue.

1. Purpose

To make sure treatment machines deliver the planned dose safely (57.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

To make sure treatment machines deliver the planned dose safely (57.3).

5. Responsibilities

Role	Responsibility	Competence
Medical physicist	Runs the quality assurance schedule and records the results	Clinical lead
Radiation oncologist	Decides on clinical use after a failed check	Clinical lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Check.

- Run the scheduled output and safety checks and record them (RTH-REG-001).

Key point: Checked.

Step 2. Decide.

- Compare each result with the tolerance. Take any failed machine out of use.

Key point: Decided.

Step 3. Re-test.

- Re-test the machine after repair before it returns to clinical use.

Key point: Re-tested.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Scheduled machine checks completed on time	100%	Monthly	Clinical lead	Escalate to the hospital director
Failed checks with the machine taken out of use	100%	Monthly	Clinical lead	Stop clinical use at once

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
RTH-REG-001	Machine quality assurance register	Register
IMG-SOP-001	Imaging equipment quality assurance and calibration (existing, reused)	SOP

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Oncology & Infusion Therapy Safety Endorsement** (AMB-11)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file