

**New Equipment Integration Checklist**  
**Department of Radiology**  
**Massachusetts General Hospital**

**General information**

Vendor/Product name of modality	
Modality Location and room number	
Modality Vendor	
Modality Installation Engineer Name	
Modality Installation Engineer voicemail, pager, email	
Operations Manager	
Operations Manager Contact Number, pager id #	
Business Unit and Cost Center #	
Hospital Project Manager assigned?	
Name, contact information for Hospital project manager	

**Quick Reference**

Project # (if applicable)  
DWO(s):  
Modality IP:  
Host Name:  
Deault Gateway:  
Subnet Mask:

**1 Section 1: Pre-requisite planning**

*\*To be completed by Clinical Operations Manager*

1a	Modality verification with Agfa connectivity Lab?	
1b	PR(s) (new, and/or replaces existing)	
1c	Procedure codes (new, and/or replaces existing)	
1d	Specialty mapping required of procedure code(s)	
1e	Creation of Billing template	
1f	Completion of Scheduling template	

**2 Section 2: Area Readiness**

*\*To be completed by Operations/Engineering Manager receiving new equipment.*

		y/n	Date completed	Comments
<b>Assessment</b>				
2a	Preliminary drawings requested from Vendor?			
2b	Schedule plant survey with Facilities Engineering and forward drawings.			
2c	Schedule plant survey with Buildings and Grounds and forward drawings.			
2d	If project number is required, Feasibility Study; V.P signed and submitted to Planning.			
2e	Quote price? (project number)			
2f	Final Drawings submitted to Planning?			
2g	Estimated Construction Completion Date?			
2h	Estimated Installation Completion Date?			
<b>3</b>	<b>Section 3: Equipment Specs:</b>			
<i>*Requests to be performed by hospital project manager or Ops manager (if no hospital project manager assigned)</i>				
3a	P.O. signed and sent to Purchasing			
3b	Power: additional and /or emergency power needed			
3c	Network connections:quantity and type (10 and/ or 100mb)			
3d	Network connections:existing jack# or new data-drop required?			
3e	Modem line: required for vendor remote access?			
3f	Modem line: Vendor confidentiality agreement for remote access			
3g	IP Address(s) request			
3h	Printer/printing required?			
3i	Network Jack Installed?			
3j	Network Jack Live?			
3k	Printer Identified? (Network or Local)			
3l	IP address requested?			

**4 Section II Part 4**

*To be completed Radiology I.S. once equipment on-site with help of MGH PACS team.*

<b>Assessment</b>				
4a	Modality on-line?			
4b	Printer Connectivity Tested?			
4c	100 Full Duplex Verified?			
4d	Conformance Statements to PACS?			
4e	Vendor signoff form 2579?			

**5 Section III Part 5**

*To be completed by MGH PACS team once equipment on-site and Sections I and II are complete.*

<b>Assessment</b>				
5a	Verified with AGFA Connectivity Lab?			
5b	Add modality IP and give IP of gateway?			
5c	Specialty Mapping Complete?			
5d	Test Images to PACS? Include annotations, flips,			
5e	Verification on and confirmed?			
5f	Modality Worklist Tested?			
5g	Print True size from modality confirmed ?			
5h	Print True size from PACS confirmed?			
5i	Static IP confirmed and Locked down.			
5j	Modality added to DI site plan?			
5k	Modality added to AGFA host file?			
5l	AGFA signoff fully integrated?			

**6 Section IV Part 6**

*To be completed by Operations/Engineering Manager of area once Sections I, II, & III complete.*

<b>Assessment</b>				
6a	Applications scheduled?			
6b	Modality confirmed as added to QC reports?			
6c	Modality added to Equipment Database?			
6d	Modality Excepted by Medical Physicist?			
6e	DPH Approval Required?			
6f	Equipment ID labeled with site number, serial numbers and contact support numbers?			
6g	All manuals provided for modality?			