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MRI Suite Planning Checklist

The Technologist and Patient View

Use this checklist when you review a new or renovated MRI suite plan. Each item is a question to ask your design team. If you cannot check a box, talk about it before construction starts. Changes on paper cost much less than changes after the walls are built.

Project / facility:	**Plan version / date:**
Reviewed by:	**Notes:**

1. ARRIVAL & SCREENING

- ☐ Patients can find the MRI check-in easily from the entrance or main hallway.
- ☐ There is a private space to complete the MRI screening form and talk with the technologist.
- ☐ The waiting area is in Zone II, under staff supervision, and away from the scan room door.
- ☐ Ferromagnetic detection (if used) is placed where every person passes it before Zone IV.
- ☐ Family members and escorts have a clear place to wait and are screened too.
- ☐ Wheelchair and stretcher patients can reach screening without crowding the hallway.

2. CHANGING & LOCKERS

- ☐ Changing rooms are close to screening and lead toward Zone III, not back to public areas.
- ☐ Changing rooms are large enough for a patient with a helper or a walker.
- ☐ Lockers are inside the screened area, so patients do not carry items back and forth.
- ☐ Lockers have enough space for coats, bags, and shoes, and are easy to see and use.
- ☐ There is a place for patients to sit and to put on gowns safely.
- ☐ A patient restroom is close to the changing area.

3. ZONE III / CONTROL ROOM

- ☐ Access to Zone III is restricted (locked door, badge, or other physical control).
- ☐ From the control console, the technologist can see the patient in the scanner.
- ☐ From the control console, the technologist can see the Zone IV door.
- ☐ The control room is large enough for the console, a second workstation, and a second staff member.
- ☐ There is space for the injector controller, patient monitoring, and the intercom.
- ☐ Zone IV is entered only through Zone III, not from a public hallway.

This checklist gives the technologist and patient view only. It is not an MR safety approval. Official MR safety sign-off belongs to the facility's MR Safety Officer (MRSO), MR physicist, and MR medical director. For general guidance, see the ACR Manual on MR Safety.

4. ZONE IV SCAN ROOM

- ☐ There is enough clear space around the table for a stretcher or MR Conditional transfer device.
- ☐ Staff can work on both sides of the table to position the patient.
- ☐ The room fits the MR Conditional equipment you plan to use (injector, monitor, IV pole, anesthesia).
- ☐ Coils and positioning aids in daily use can be stored inside the room, within reach.
- ☐ The door is wide enough for beds and stretchers, with room to turn.
- ☐ Lighting and room finishes are planned to look calm and clean.

5. STORAGE

- ☐ There is dedicated storage for every coil, with shelves or carts that fit their real size.
- ☐ There is space for pads, sponges, wedges, sandbags, straps, and blankets.
- ☐ MR Conditional equipment has a labeled parking area, so it is not left in hallways.
- ☐ Non-MR-safe items (regular wheelchairs, oxygen tanks, carts) have a parking area outside Zone IV.
- ☐ Clean and dirty linen have separate places.
- ☐ Contrast, IV supplies, and cleaning supplies have a clear home near where they are used.

6. PATIENT COMFORT

- ☐ The plan includes ways to reduce claustrophobia (lighting, ceiling view, music, or wide bore).
- ☐ The patient can hear and talk to the technologist clearly during the exam.
- ☐ Sound from the scanner and equipment room is controlled for waiting and nearby areas.
- ☐ Room temperature and airflow can be adjusted for patient comfort.
- ☐ Pediatric, anxious, and larger patients were considered in the layout.
- ☐ Patients have privacy when changing, being screened, and being moved.

7. EMERGENCY & SAFETY FLOW

- ☐ There is a clear pathway to remove a patient from Zone IV quickly in an emergency.
- ☐ A resuscitation / code area is planned outside Zone IV, with room for the team and crash cart.
- ☐ The code team knows where to go, and the route does not cross unscreened public areas.
- ☐ The quench vent location and route were reviewed with the vendor and MR physicist.
- ☐ Emergency stop and quench buttons are planned where staff can reach them.
- ☐ Zone signs and MR safety signs are planned at each zone entry and are easy to see.
- ☐ There is a plan for fire, police, and other first responders who arrive at the suite.

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8. STAFF WORKFLOW

- ☐ There is an induction or prep area for IV starts, sedation, or patient recovery.
- ☐ Staff can move between the control room, prep area, and scan room with few steps.
- ☐ There is a place for reading, charting, and phone calls that does not block patient flow.
- ☐ Staff have a break area and lockers that are separate from patient areas.
- ☐ Cleaning between patients is easy, with a sink and supplies nearby.
- ☐ The plan supports your expected patient volume and number of staff per shift.

COMMON MISTAKES WE SEE

- **No sightline to the patient.** The console faces a wall, so the technologist cannot see the patient or the Zone IV door.
- **Storage is an afterthought.** Coils and pads end up on the floor, on chairs, or in the hallway.
- **Stretchers do not fit.** The door or the clear floor space is too small to turn a stretcher or bring in a transfer device.
- **No real Zone III control.** Public hallways or unscreened people can reach the scan room door.
- **No place for the code team.** There is no planned resuscitation area outside Zone IV.
- **Changing rooms in the wrong place.** Screened patients walk back through public areas before their scan.
- **Prep area missing.** IV starts and sedation happen in the hallway or inside the control room.

NOTES AND FOLLOW-UP ITEMS

Need a second set of eyes on your plan? MRI Toolkit offers MRI Suite Workflow Reviews.

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