

EQUIPMENT SPECIFIC TRAINING

(Hand Held Intra-Oral Unit)

Clinic Name	
Equipment Name	
Operator	
Assessor	

KNOWLEDGE	Tick
Switch the unit on and Identify the main power switch.	
Identify the patient using the departmental protocol.	
Have knowledge of radiation protection when using the hand held unit.	
Set appropriate exposures	
Demonstrate the hand-held unit is being used in a safe manner	
Develop the film.	
Switch off the unit, Place the unit on charge	
Lock the unit away, to remove any unauthorised use.	

I certify that the above person has been trained and is competent to use the equipment without supervision. I further certify that this list is not exhaustive and does not constitute comprehensive training.

Signed

Assessor

Date

I have received adequate training and I feel that I am competent to use this equipment without supervision.

Signed

Operator

Date