

## EQUIPMENT SPECIFIC TRAINING

(Wet Processor)

| Clinic Name    |  |
|----------------|--|
| Equipment Name |  |
| Operator       |  |
| Assessor       |  |

| KNOWLEDGE   | Tick |  |
|---|------|--|
| Know the location of both the water and electricity isolator shut off |      |  |
| Know the importance of using a ventilated area                        |      |  |
| Understand the COSHH Policy / Regulations                             |      |  |
| Understand the environmental waste regulations                        |      |  |
| Know how to replace the chemicals both safely and regularly           |      |  |
| Know how to complete the chemical log                                 |      |  |
| Demonstrate knowledge of un-loading and re-loading cassettes          |      |  |
| Understand that some film is single sided                             |      |  |
| Understand safe-light conditions                                      |      |  |
| Understand how to perform a step-wedge test                           |      |  |
| Understand and react to the results of the step-wedge test            |      |  |
| Know how to perform dark-room integrity tests                         |      |  |
| Know how to remove equipment from service.                            |      |  |
| Have a working knowledge of processor / developing faults             |      |  |
| Understand that both chemicals and film must be stored correctly      |      |  |

| Understand that both chemicals and film must be stored correctly   |          |      |  |  |
|--|----------|------|--|--|
|  |          |      |  |  |
| I certify that the above person has been trained and understands the fundaments of the processor. 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 |  |  |