Handheld Dental Operator Training

FORM 22

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Device Model or Serial No.: _____ **Manufacturer Course or Protocol:** _____

Document manufacturer-specified training and the safe-use protocols applicable to this device.

Completion Date	Operator Name	Device or Manufacturer Training	Trainer or Evidence Reference	Operator Initials

Handheld Dental Operator Training

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____