



Surname:	Forename:	Date of Birth:	Scanner trained on:
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By signing this form, the trainee confirms that they have received and understood explanations for all elements of the induction of process outlined below.

By signing this form the trainer confirms that they have delivered appropriate explanations of all elements of the induction process outlined below, and that the trainee has demonstrated their understanding or competence for all elements of the induction of process.

Training completed for		Date	Initials (Trainer)	Training completed for		Date	Initials (Trainer)
Departmental induction completed/reviewed				Emergency Call button			
Nurse Call				Evacuation (general)			
Stimulus PC				Table top emergency release			
Operator Console				Table cot sides			
Chemistry Room				Table undock			
Equipment Room (Projector)				Table dock			
Scan Room (General considerations/safety)				Table brakes			
Table Up/Down				Different coils			
Table In/Out				Mirror Assembly			
Table Landmark				Cable positioning principles			
Table Advance to scan				Cleaning of coils after use			
Table back to landmark				Hygienic preparation of bed for next participant			
Table Stop motion							
Trainee	Signature:	Date		Trainer (L2/L3 operator)	Signature:	Date	
	Print Name:				Print Name:		

Reminder to trainer: please update YNiC database and training spreadsheet once training is complete.