IN-SERVICE PARTICIPANT SIGN-IN

FACILITY: _____ **IN-SERVICE DATE:** _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Email: _____

Equipment /Serial #: _____

_____

HLD Used: _____

☐ **INITIAL IN-SERVICE** ☐ **FOLLOW-UP IN-SERVICE**

PRINT NAME	TITLE	SIGNATURE

This verifies that the in-service has been completed to our satisfaction.

Facility Representative: _____ _____ Title: _____
(Print name) (Signature)

In-Service Provider Name: _____ _____ Date: _____
(Print name) (Signature)

This MEDIVATORS guide, form, checklist or procedure is designed for use solely as a customer education tool, and is not intended to replace or in any way modify the MEDIVATORS User and Service Manuals. While MEDIVATORS training may be used in support of a facility's overall competency program, it shall not constitute certification of facility personnel. MEDIVATORS shall in no event, be held responsible for a facility's proper performance of endoscope reprocessing protocols or a facility staying current and compliant with ongoing instructional changes or corresponding training updates. Facility owners and operators of MEDIVATORS equipment are fully responsible for complying with industry standards and manufacturer's proper use instructions.

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