


Title: Training & Competency Validation: CASSINI AMBIENT		 The world in vision
Doc. No: RF 07.07.04	Version: V01	Effective Date: 27-Jan-2026

Equipment Name/Model: _____

Date of Training: _____

Training Objectives


To be recognized as a **Certified Ambient User** of the aforementioned equipment, staff members must demonstrate proficiency in the following areas:

1. **System Initialization:** Proper power-up sequence and software login
2. **Calibration & Quality Control:** Ability to perform routine calibration checks and ensure the device meets manufacturer accuracy standards
3. **Patient Positioning:** Correct adjustment of the chin rest, forehead strap, and canthus marks to ensure patient comfort and image alignment
4. **Scan Acquisition:** Successful performance of 3 to 5 core scans on patients
5. **Data Management:** Correctly saving the scans to the patient's electronic record

Staff Acknowledgment

By signing below, I certify that I have received comprehensive training on this device, have demonstrated the skills listed above to the trainer, and feel confident in my ability to operate the equipment safely and accurately.

Full Name (Printed)	Signature	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

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Full Name (Printed)	Signature	Date
9.		
10.		

Trainer Verification

I confirm that the individuals listed above have successfully completed the practical demonstration and met the requirements for equipment certification.

Trainer Name: _____ **Signature:** _____