

### Competency Assessment Questions – Maxtec Air/Oxygen Blenders

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What is the name of the standard gas fittings used on medical gas hoses in the UK?

4 bar

2) What principle does the MaxVenturi use to get the air to blend with piped oxygen?

Venturi principle.

3) What is the accuracy of a MicroMax blender in % of full scale?

+/- 3% full ~~scale~~ Scale.

4) What is the part number for MaxBlend 2 service kit?

R200P02. —

Maxtec Blenders  
Technical

5) Which 2 devices are bolt-on accessories for use with existing blenders?

Blenderbuddy 2  
Maxblend Lite

6) How often should a MaxVenturi undergo an overhaul service with valve replacement?

Every 4 years

Notes or Comments:

Name: Aqib Majeed Date: 17/7/24

# Training Feedback Form

| Training Course Completed: Maxtec Air/Oxygen Blenders Technical Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|--------|---------|--|--|--|-------------------------------------------------------|-----|----|--------|-----------------------------------------------------------------|-------------------------------------|--|--|----------------------------------------------------------|-------------------------------------|--|--|-----------|--|--|--|------------------------------------------------------------------------------------------|-----|----|--------|---------------------------------------------------------------------------------------------------|-------------------------------------|--|--|---------------------------------------------------------------------------------------------------|-------------------------------------|--|--|------------------------------------------------------|-------------------------------------|--|--|---------|--|--|--|---------------------------------------------------------------|-----|----|--------|--------------------------------------------------------------------|-------------------------------------|--|--|------------------------------------------------------|-------------------------------------|--|--|----------|--|--|--|---------------------------------------------------|--|--|--|-------------------------------------|--|--|--|----------------------------------------------------|--|--|--|-------------------|--|--|--|---------------------------------------------------|--|--|--|
| Date: 17/7/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Time/Length: 30 mins |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Trainer: Steve Hardaker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="4">Content</th> </tr> <tr> <th>Was the course content presented in a logical manner?</th> <th>Yes</th> <th>No</th> <th>Unsure</th> </tr> </thead> <tbody> <tr> <td>Was the course content and material complete and comprehensive?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Will this information be useful to you in your job role?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <th colspan="4">Relevance</th> </tr> <tr> <th>Do you feel you now have a better understanding of the product/procedure/training area*?</th> <th>Yes</th> <th>No</th> <th>Unsure</th> </tr> <tr> <td>Did the course challenge your thinking and understanding of the product/procedure/training area*?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Did the course challenge your thinking and understanding of the product/procedure/training area*?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Do you feel the training is beneficial to your team?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <th colspan="4">Trainer</th> </tr> <tr> <th>Did the trainer communicate and explain the material clearly?</th> <th>Yes</th> <th>No</th> <th>Unsure</th> </tr> <tr> <td>Did you feel the instructor was knowledgeable in the area covered?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Did the trainer encourage discussions and questions?</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Comments</td> </tr> <tr> <td colspan="4">Do you require any further training in this area?</td> </tr> <tr> <td colspan="4"> <input checked="" type="checkbox"/> </td> </tr> <tr> <td colspan="4">If so, what would you like this training to cover?</td> </tr> <tr> <td colspan="4">Further comments:</td> </tr> <tr> <td colspan="4"> Name: <u>Andy Murrell</u><br/> Date: <u>17/7/24</u> </td> </tr> </tbody></table> |                                     |                      |        | Content |  |  |  | Was the course content presented in a logical manner? | Yes | No | Unsure | Was the course content and material complete and comprehensive? | <input checked="" type="checkbox"/> |  |  | Will this information be useful to you in your job role? | <input checked="" type="checkbox"/> |  |  | Relevance |  |  |  | Do you feel you now have a better understanding of the product/procedure/training area*? | Yes | No | Unsure | Did the course challenge your thinking and understanding of the product/procedure/training area*? | <input checked="" type="checkbox"/> |  |  | Did the course challenge your thinking and understanding of the product/procedure/training area*? | <input checked="" type="checkbox"/> |  |  | Do you feel the training is beneficial to your team? | <input checked="" type="checkbox"/> |  |  | Trainer |  |  |  | Did the trainer communicate and explain the material clearly? | Yes | No | Unsure | Did you feel the instructor was knowledgeable in the area covered? | <input checked="" type="checkbox"/> |  |  | Did the trainer encourage discussions and questions? | <input checked="" type="checkbox"/> |  |  | Comments |  |  |  | Do you require any further training in this area? |  |  |  | <input checked="" type="checkbox"/> |  |  |  | If so, what would you like this training to cover? |  |  |  | Further comments: |  |  |  | Name: <u>Andy Murrell</u><br>Date: <u>17/7/24</u> |  |  |  |
| Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Was the course content presented in a logical manner?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                 | No                   | Unsure |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Was the course content and material complete and comprehensive?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Will this information be useful to you in your job role?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Relevance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Do you feel you now have a better understanding of the product/procedure/training area*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                 | No                   | Unsure |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Did the course challenge your thinking and understanding of the product/procedure/training area*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Did the course challenge your thinking and understanding of the product/procedure/training area*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Do you feel the training is beneficial to your team?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Trainer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Did the trainer communicate and explain the material clearly?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                 | No                   | Unsure |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Did you feel the instructor was knowledgeable in the area covered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Did the trainer encourage discussions and questions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Do you require any further training in this area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| If so, what would you like this training to cover?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Further comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |
| Name: <u>Andy Murrell</u><br>Date: <u>17/7/24</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                      |        |         |  |  |  |                                                       |     |    |        |                                                                 |                                     |  |  |                                                          |                                     |  |  |           |  |  |  |                                                                                          |     |    |        |                                                                                                   |                                     |  |  |                                                                                                   |                                     |  |  |                                                      |                                     |  |  |         |  |  |  |                                                               |     |    |        |                                                                    |                                     |  |  |                                                      |                                     |  |  |          |  |  |  |                                                   |  |  |  |                                     |  |  |  |                                                    |  |  |  |                   |  |  |  |                                                   |  |  |  |

Please delete as applicable

### Competency Assessment Questions – Maxtec Air/Oxygen Blenders

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What is the name of the standard gas fittings used on medical gas hoses in the UK?

NIST

2) What principle does the MaxVenturi use to get the air to blend with piped oxygen?

Venturi principle

3) What is the accuracy of a MicroMax blender in % of full scale?

+/- 3%

4) What is the part number for MaxBlend 2 service kit?

~~R2P~~ R200P02

5) Which 2 devices are bolt-on accessories for use with existing blenders?

Flowmeter, oxygen monitor/analyser

6) How often should a MaxVenturi undergo an overhaul service with valve replacement?

every 4 years

Notes or Comments:

Name: Kate Griffiths Date: 22-7-24

Maxtec  
MHT 550e

# Training Feedback Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                         |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------|----|---------|--|-----|----|--------|-------------------------------------------------------|--|---|--|--|-----------------------------------------------------------------|--|---|--|--|----------------------------------------------------------|--|---|--|--|-----------|--|-----|----|--------|------------------------------------------------------------------------------------------|--|---|--|--|---------------------------------------------------------------------------------------------------|--|---|--|--|------------------------------------------------------|--|---|--|--|---------|--|-----|----|--------|---------------------------------------------------------------|--|---|--|--|--------------------------------------------------------------------|--|---|--|--|------------------------------------------------------|--|---|--|--|----------|--|--|--|--|---------------------------------------------------|--|--|---|--|----------------------------------------------------|--|--|--|--|-------------------|--|--|--|--|-----------|--|--|--|--|----------------------|--|--|--|--|---------------|--|--|--|--|
| Training Course Completed: Maxtec Air/Oxygen Blenders Technical Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                         |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Date: 7/17/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Time/Length: 30m | Trainer: Steve Hardaker |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| <table border="1"> <tr> <td colspan="2">Content</td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td>Was the course content presented in a logical manner?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Was the course content and material complete and comprehensive?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Will this information be useful to you in your job role?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Relevance</td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td>Do you feel you now have a better understanding of the product/procedure/training area*?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Did the course challenge your thinking and understanding of the product/procedure/training area*?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Do you feel the training is beneficial to your team?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Trainer</td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td>Did the trainer communicate and explain the material clearly?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Did you feel the instructor was knowledgeable in the area covered?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Did the trainer encourage discussions and questions?</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Comments</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Do you require any further training in this area?</td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td colspan="2">If so, what would you like this training to cover?</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Further comments:</td> </tr> <tr> <td colspan="5">Thank you</td> </tr> <tr> <td colspan="5">Name: KATE GRIFFITHS</td> </tr> <tr> <td colspan="5">Date: 22.7.24</td> </tr> </table> |                  |                         |    | Content |  | Yes | No | Unsure | Was the course content presented in a logical manner? |  | ✓ |  |  | Was the course content and material complete and comprehensive? |  | ✓ |  |  | Will this information be useful to you in your job role? |  | ✓ |  |  | Relevance |  | Yes | No | Unsure | Do you feel you now have a better understanding of the product/procedure/training area*? |  | ✓ |  |  | Did the course challenge your thinking and understanding of the product/procedure/training area*? |  | ✓ |  |  | Do you feel the training is beneficial to your team? |  | ✓ |  |  | Trainer |  | Yes | No | Unsure | Did the trainer communicate and explain the material clearly? |  | ✓ |  |  | Did you feel the instructor was knowledgeable in the area covered? |  | ✓ |  |  | Did the trainer encourage discussions and questions? |  | ✓ |  |  | Comments |  |  |  |  | Do you require any further training in this area? |  |  | ✓ |  | If so, what would you like this training to cover? |  |  |  |  | Further comments: |  |  |  |  | Thank you |  |  |  |  | Name: KATE GRIFFITHS |  |  |  |  | Date: 22.7.24 |  |  |  |  |
| Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Yes                     | No | Unsure  |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Was the course content presented in a logical manner?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Was the course content and material complete and comprehensive?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Will this information be useful to you in your job role?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Relevance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Yes                     | No | Unsure  |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Do you feel you now have a better understanding of the product/procedure/training area*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Did the course challenge your thinking and understanding of the product/procedure/training area*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Do you feel the training is beneficial to your team?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Trainer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Yes                     | No | Unsure  |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Did the trainer communicate and explain the material clearly?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Did you feel the instructor was knowledgeable in the area covered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Did the trainer encourage discussions and questions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | ✓                       |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                         |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Do you require any further training in this area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                         | ✓  |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| If so, what would you like this training to cover?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                         |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Further comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                         |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Thank you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                         |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Name: KATE GRIFFITHS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                         |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |
| Date: 22.7.24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                         |    |         |  |     |    |        |                                                       |  |   |  |  |                                                                 |  |   |  |  |                                                          |  |   |  |  |           |  |     |    |        |                                                                                          |  |   |  |  |                                                                                                   |  |   |  |  |                                                      |  |   |  |  |         |  |     |    |        |                                                               |  |   |  |  |                                                                    |  |   |  |  |                                                      |  |   |  |  |          |  |  |  |  |                                                   |  |  |   |  |                                                    |  |  |  |  |                   |  |  |  |  |           |  |  |  |  |                      |  |  |  |  |               |  |  |  |  |

Please delete as applicable

### Competency Assessment Questions – Maxtec Air/Oxygen Blenders

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What is the name of the standard gas fittings used on medical gas hoses in the UK?

NIST & BS PROBE

2) What principle does the MaxVenturi use to get the air to blend with piped oxygen?

VENTURI

3) What is the accuracy of a MicroMax blender in % of full scale?

3%

4) What is the part number for MaxBlend 2 service kit?

R200P02

5) Which 2 devices are bolt-on accessories for use with existing blenders?

BLENDER BUDDY / MAXBLEND LITE

6) How often should a MaxVenturi undergo an overhaul service with valve replacement?

EVERY 4 YEARS

Notes or Comments:

Name: RYAN SWAIN Date: 17/7/2024

# Training Feedback Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|--|
| Training Course Completed: Maxtec Air/Oxygen Blenders Technical Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                         |  |
| Date: 12/7/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Time/Length: 75 mins | Trainer: Steve Hardaker |  |
| <b>Content</b><br>Was the course content presented in a logical manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure<br>Was the course content and material complete and comprehensive? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure<br>Will this information be useful to you in your job role? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure                                                                    |                      |                         |  |
| <b>Relevance</b><br>Do you feel you now have a better understanding of the product/procedure/training area*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure<br>Did the course challenge your thinking and understanding of the product/procedure/training area*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure<br>Do you feel the training is beneficial to your team? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure |                      |                         |  |
| <b>Trainer</b><br>Did the trainer communicate and explain the material clearly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure<br>Did you feel the instructor was knowledgeable in the area covered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure<br>Did the trainer encourage discussions and questions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure                                                             |                      |                         |  |
| <b>Comments</b><br>Do you require any further training in this area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unsure<br>If so, what would you like this training to cover?                                                                                                                                                                                                                                                                                                                                                        |                      |                         |  |
| Further comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                         |  |
| Name: Ryan Sumner<br>Date: 12/7/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                         |  |

Please delete as applicable

### Competency Assessment Questions – Maxtec Air/Oxygen Blenders

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

- 1) What is the name of the standard gas fittings used on medical gas hoses in the UK?

NIST

- 2) What principle does the MaxVenturi use to get the air to blend with piped oxygen?

Venturi principle

- 3) What is the accuracy of a MicroMax blender in % of full scale?

$\pm 3\%$  of full scale

- 4) What is the part number for MaxBlend 2 service kit?

R200 P02

- 5) Which 2 devices are bolt-on accessories for use with existing blenders?

Blenderbuddy 2 & MaxBlend Lite

- 6) How often should a MaxVenturi undergo an overhaul service with valve replacement?

Every 4 years

Notes or Comments:

Name: ROBERT CONNOR Date: 17/7/24

## Training Feedback Form

|                                                                                                   |         |              |        |
|---------------------------------------------------------------------------------------------------|---------|--------------|--------|
| Training Course Completed: Maxtec Air/Oxygen Blenders Technical Training                          |         |              |        |
| Date:                                                                                             | 17/7/24 | Time/Length: | 45 min |
| Trainer: Steve Hardaker                                                                           |         |              |        |
| <b>Content</b>                                                                                    |         |              |        |
| Was the course content presented in a logical manner?                                             |         | Yes          | ✓      |
| Was the course content and material complete and comprehensive?                                   |         | Yes          | ✓      |
| Will this information be useful to you in your job role?                                          |         | Yes          | ✓      |
| <b>Relevance</b>                                                                                  |         |              |        |
| Do you feel you now have a better understanding of the product/procedure/training area*?          |         | Yes          | ✓      |
| Did the course challenge your thinking and understanding of the product/procedure/training area*? |         | Yes          | ✓      |
| Do you feel the training is beneficial to your team?                                              |         | Yes          | ✓      |
| <b>Trainer</b>                                                                                    |         |              |        |
| Did the trainer communicate and explain the material clearly?                                     |         | Yes          | ✓      |
| Did you feel the instructor was knowledgeable in the area covered?                                |         | Yes          | ✓      |
| Did the trainer encourage discussions and questions?                                              |         | Yes          | ✓      |
| <b>Comments</b>                                                                                   |         |              |        |
| Do you require any further training in this area?                                                 |         | No           | ✓      |
| If so, what would you like this training to cover?                                                |         |              |        |
| Further comments:                                                                                 |         |              |        |
| Name: ROBERT CORNOR                                                                               |         |              |        |
| Date: 17/7/24                                                                                     |         |              |        |

### Competency Assessment Questions – Maxtec Air/Oxygen Blenders

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

- 1) What is the name of the standard gas fittings used on medical gas hoses in the UK?

NIST

- 2) What principle does the MaxVenturi use to get the air to blend with piped oxygen?

VENTURI

- 3) What is the accuracy of a MicroMax blender in % of full scale?

+/- 3%

- 4) What is the part number for MaxBlend 2 service kit?

R200P02

- 5) Which 2 devices are bolt-on accessories for use with existing blenders?

MAXBLEND LITE

BLENDER BUDDY 2

- 6) How often should a MaxVenturi undergo an overhaul service with valve replacement?

EVERY 4 YEARS

Notes or Comments:

Name: PHIL CROSSLEY Date: 17.7.24

# Training Feedback Form

|                                                                                                   |                                     |                                     |                          |
|---------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Training Course Completed: Maxtec Air/Oxygen Blenders Technical Training                          |                                     |                                     |                          |
| Date: 17.7.24                                                                                     | Time/Length: 45                     | Trainer: Steve Hardaker             |                          |
| Content                                                                                           |                                     |                                     |                          |
| Was the course content presented in a logical manner?                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was the course content and material complete and comprehensive?                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Will this information be useful to you in your job role?                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Relevance                                                                                         |                                     |                                     |                          |
| Do you feel you now have a better understanding of the product/procedure/training area*?          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Did the course challenge your thinking and understanding of the product/procedure/training area*? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Do you feel the training is beneficial to your team?                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Trainer                                                                                           |                                     |                                     |                          |
| Did the trainer communicate and explain the material clearly?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Did you feel the instructor was knowledgeable in the area covered?                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Did the trainer encourage discussions and questions?                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Comments                                                                                          |                                     |                                     |                          |
| Do you require any further training in this area?                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If so, what would you like this training to cover?                                                |                                     |                                     |                          |
| Further comments:                                                                                 |                                     |                                     |                          |
| Name: PHIL CROSSLEY                                                                               |                                     |                                     |                          |
| Date: 17.7.24                                                                                     |                                     |                                     |                          |

Please delete as applicable

**Competency Assessment Questions – Maxtec Air/Oxygen Blenders**

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

- 1) What is the name of the standard gas fittings used on medical gas hoses in the UK?

NIST

- 2) What principle does the MaxVenturi use to get the air to blend with piped oxygen?

Venturi Principle

- 3) What is the accuracy of a MicroMax blender in % of full scale?

+/- 3%

- 4) What is the part number for MaxBlend 2 service kit?

R200P02

- 5) Which 2 devices are bolt-on accessories for use with existing blenders?

BlenderBuddy 2  
MaxBlend Lite

- 6) How often should a MaxVenturi undergo an overhaul service with valve replacement?

Every 4 years.

Notes or Comments:

Name: Sophie Lines Date: 24/7/24

# Training Feedback Form

| Training Course Completed: Maxtec Air/Oxygen Blenders Technical Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|--------|---------|--|--|--|--|-----|----|--------|-------------------------------------------------------|---|--|--|-----------------------------------------------------------------|---|--|--|----------------------------------------------------------|---|--|--|-----------|--|--|--|--|-----|----|--------|-----------------------------------------------------------------------------------------|---|--|--|--------------------------------------------------------------------------------------------------|---|--|--|------------------------------------------------------|---|--|--|---------|--|--|--|--|-----|----|--------|---------------------------------------------------------------|---|--|--|--------------------------------------------------------------------|---|--|--|------------------------------------------------------|---|--|--|----------|--|--|--|---------------------------------------------------|--|---|--|----------------------------------------------------|--|--|--|-----|--|--|--|-------------------|--|--|--|-----|--|--|--|--------------------|--|--|--|---------------|--|--|--|
| Date: 17/7/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Time/Length: 30 mins | Trainer: Steve Hardaker |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="4">Content</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Unsure</th> </tr> </thead> <tbody> <tr> <td>Was the course content presented in a logical manner?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Was the course content and material complete and comprehensive?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Will this information be useful to you in your job role?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Relevance</td> </tr> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td>Do you feel you now have a better understanding of the product/procedure/training area?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Did the course challenge your thinking and understanding of the product/procedure/training area?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Do you feel the training is beneficial to your team?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Trainer</td> </tr> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td>Did the trainer communicate and explain the material clearly?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Did you feel the instructor was knowledgeable in the area covered?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>Did the trainer encourage discussions and questions?</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Comments</td> </tr> <tr> <td>Do you require any further training in this area?</td> <td></td> <td>✓</td> <td></td> </tr> <tr> <td colspan="4">If so, what would you like this training to cover?</td> </tr> <tr> <td colspan="4">N/A</td> </tr> <tr> <td colspan="4">Further comments:</td> </tr> <tr> <td colspan="4">N/A</td> </tr> <tr> <td colspan="4">Name: SOPHIE LINES</td> </tr> <tr> <td colspan="4">Date: 17-7-24</td> </tr> </tbody></table> |                      |                         |        | Content |  |  |  |  | Yes | No | Unsure | Was the course content presented in a logical manner? | ✓ |  |  | Was the course content and material complete and comprehensive? | ✓ |  |  | Will this information be useful to you in your job role? | ✓ |  |  | Relevance |  |  |  |  | Yes | No | Unsure | Do you feel you now have a better understanding of the product/procedure/training area? | ✓ |  |  | Did the course challenge your thinking and understanding of the product/procedure/training area? | ✓ |  |  | Do you feel the training is beneficial to your team? | ✓ |  |  | Trainer |  |  |  |  | Yes | No | Unsure | Did the trainer communicate and explain the material clearly? | ✓ |  |  | Did you feel the instructor was knowledgeable in the area covered? | ✓ |  |  | Did the trainer encourage discussions and questions? | ✓ |  |  | Comments |  |  |  | Do you require any further training in this area? |  | ✓ |  | If so, what would you like this training to cover? |  |  |  | N/A |  |  |  | Further comments: |  |  |  | N/A |  |  |  | Name: SOPHIE LINES |  |  |  | Date: 17-7-24 |  |  |  |
| Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                  | No                      | Unsure |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Was the course content presented in a logical manner?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Was the course content and material complete and comprehensive?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Will this information be useful to you in your job role?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Relevance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                  | No                      | Unsure |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Do you feel you now have a better understanding of the product/procedure/training area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Did the course challenge your thinking and understanding of the product/procedure/training area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Do you feel the training is beneficial to your team?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Trainer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                  | No                      | Unsure |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Did the trainer communicate and explain the material clearly?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Did you feel the instructor was knowledgeable in the area covered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Did the trainer encourage discussions and questions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ✓                    |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Do you require any further training in this area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | ✓                       |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| If so, what would you like this training to cover?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Further comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Name: SOPHIE LINES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |
| Date: 17-7-24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                         |        |         |  |  |  |  |     |    |        |                                                       |   |  |  |                                                                 |   |  |  |                                                          |   |  |  |           |  |  |  |  |     |    |        |                                                                                         |   |  |  |                                                                                                  |   |  |  |                                                      |   |  |  |         |  |  |  |  |     |    |        |                                                               |   |  |  |                                                                    |   |  |  |                                                      |   |  |  |          |  |  |  |                                                   |  |   |  |                                                    |  |  |  |     |  |  |  |                   |  |  |  |     |  |  |  |                    |  |  |  |               |  |  |  |

Please delete as applicable

### Competency Assessment Questions – Maxtec Air/Oxygen Blenders

Please refer to any system resources that you have access to in order to locate the information. The training materials will be made available on the system.

If you are unable to find the information, please make notes at the end of this document detailing where you struggled.

1) What is the name of the standard gas fittings used on medical gas hoses in the UK?

NIST

2) What principle does the MaxVenturi use to get the air to blend with piped oxygen?

Venturi Principle.

3) What is the accuracy of a MicroMax blender in % of full scale?

+/- 3%

4) What is the part number for MaxBlend 2 service kit?

R200P02

5) Which 2 devices are bolt-on accessories for use with existing blenders?

Blender buddy 2, Maxblend Lite are add on's.

6) How often should a MaxVenturi undergo an overhaul service with valve replacement?

every 4 years

Notes or Comments:

Name: C Green Date: \_\_\_\_\_

Not attended

# Training Feedback Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|----|---------|--|-----|----|--------|-------------------------------------------------------|--|--|--|--|-----------------------------------------------------------------|--|--|--|--|----------------------------------------------------------|--|--|--|--|-----------|--|-----|----|--------|------------------------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------------------------------------------|--|--|--|--|---------|--|-----|----|--------|---------------------------------------------------------------|--|--|--|--|--------------------------------------------------------------------|--|--|--|--|------------------------------------------------------|--|--|--|--|----------|--|--|--|--|---------------------------------------------------|--|--|--|--|----------------------------------------------------|--|--|--|--|-------------------|--|--|--|--|-------|--|--|--|--|-------|--|--|--|--|
| Training Course Completed: Maxtec Air/Oxygen Blenders Technical Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Time/Length: |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Trainer: Steve Hardaker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| <table border="1"> <tr> <td colspan="2">Content</td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td colspan="5">Was the course content presented in a logical manner?</td> </tr> <tr> <td colspan="5">Was the course content and material complete and comprehensive?</td> </tr> <tr> <td colspan="5">Will this information be useful to you in your job role?</td> </tr> <tr> <td colspan="2">Relevance</td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td colspan="5">Do you feel you now have a better understanding of the product/procedure/training area*?</td> </tr> <tr> <td colspan="5">Did the course challenge your thinking and understanding of the product/procedure/training area*?</td> </tr> <tr> <td colspan="2">Trainer</td> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td colspan="5">Did the trainer communicate and explain the material clearly?</td> </tr> <tr> <td colspan="5">Did you feel the instructor was knowledgeable in the area covered?</td> </tr> <tr> <td colspan="5">Did the trainer encourage discussions and questions?</td> </tr> <tr> <td colspan="2">Comments</td> <td colspan="3"></td> </tr> <tr> <td colspan="5">Do you require any further training in this area?</td> </tr> <tr> <td colspan="5">If so, what would you like this training to cover?</td> </tr> <tr> <td colspan="5">Further comments:</td> </tr> <tr> <td colspan="5">Name:</td> </tr> <tr> <td colspan="5">Date:</td> </tr> </table> |  |              |    | Content |  | Yes | No | Unsure | Was the course content presented in a logical manner? |  |  |  |  | Was the course content and material complete and comprehensive? |  |  |  |  | Will this information be useful to you in your job role? |  |  |  |  | Relevance |  | Yes | No | Unsure | Do you feel you now have a better understanding of the product/procedure/training area*? |  |  |  |  | Did the course challenge your thinking and understanding of the product/procedure/training area*? |  |  |  |  | Trainer |  | Yes | No | Unsure | Did the trainer communicate and explain the material clearly? |  |  |  |  | Did you feel the instructor was knowledgeable in the area covered? |  |  |  |  | Did the trainer encourage discussions and questions? |  |  |  |  | Comments |  |  |  |  | Do you require any further training in this area? |  |  |  |  | If so, what would you like this training to cover? |  |  |  |  | Further comments: |  |  |  |  | Name: |  |  |  |  | Date: |  |  |  |  |
| Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Yes          | No | Unsure  |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Was the course content presented in a logical manner?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Was the course content and material complete and comprehensive?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Will this information be useful to you in your job role?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Relevance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Yes          | No | Unsure  |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Do you feel you now have a better understanding of the product/procedure/training area*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Did the course challenge your thinking and understanding of the product/procedure/training area*?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Trainer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Yes          | No | Unsure  |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Did the trainer communicate and explain the material clearly?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Did you feel the instructor was knowledgeable in the area covered?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Did the trainer encourage discussions and questions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Do you require any further training in this area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| If so, what would you like this training to cover?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Further comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |              |    |         |  |     |    |        |                                                       |  |  |  |  |                                                                 |  |  |  |  |                                                          |  |  |  |  |           |  |     |    |        |                                                                                          |  |  |  |  |                                                                                                   |  |  |  |  |         |  |     |    |        |                                                               |  |  |  |  |                                                                    |  |  |  |  |                                                      |  |  |  |  |          |  |  |  |  |                                                   |  |  |  |  |                                                    |  |  |  |  |                   |  |  |  |  |       |  |  |  |  |       |  |  |  |  |

Please delete as applicable