maxill Reveal
Cross Contamination Tracking Kit

Training Log

Dental office Name: _____

Trainer/Educator Name: _____

Date: _____

Reveal Simulation Exercises

1. PPE Simulation
2. Hand Washing Simulation
3. Operatory Simulation

Employee Name	Employee Signature	Exercises Being Trained	Training Completed
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No
			◯ Yes ◯ No

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