

**Approvals:**

Compiled by:

Justin Wollentine

Date approved: 29.04.2026

Approved by:

Graham Wollentine

Revision No: D

Quality Manager:

Carol Wollentine

Revision Date: 29.04.2026

**FORMAL AUTHORISATION OF INSPECTION ACTIVITIES**

**Name of Inspector:**

**GILLIAN SWART**

**Authorised inspection activities:**

**SCOPES 10 DENTAL**  
**10.1 DENTAL X-RAY EQUIPMENT**  
**10.2 DIGITAL DENTAL X-RAY EQUIPMENT**  
**10.3 CONE BEAM CT**  
  
**1 REPORTING MONITORS**

**Date deemed competent:**

**1 ARIL 2019 – SCOPES 10, 10.1, 10.2, 1 REPORTING MONITORS**  
  
**20 JUNE 2023 – SCOPE 10.3**

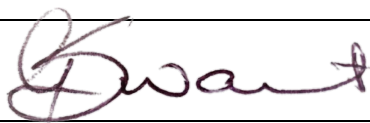
**Identity of the person who performed the authorisation:**

*Name and surname*

**JUSTIN WOLLENTINE**

**TECHNICAL SIGNATORY**

**Signature:**



**Date:**

*Beginning of authorisation*

**30 OCTOBER 2016**

**Termination date of authorisation:**

*To be completed only when authorisation terminated e.g termination of employment, continuous monitoring failures, etc.*