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.*	