COOK*	Training Specification COOK® Urological				
Title:	Title: Balloon Folding Qualification Exam/Tests				
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SECTION 1 - TRAINING CHECKLIST

Directions: Please cover the following topics with trainee. Upon completion of each topic, put a check mark in the box. At the completion of the training, please sign and date at the bottom of the page.

Folding				
Use of the smooth jaw pliers, which products they can be used on, proper technique,				
and where not to use the pliers				
Which products require a stylet and where the stylet size is located on the Inspection				
Specification.				
When and how to use the medical fluid as well as which products it can be used on				
to aid in applying the folding sleeve				
Correct folding direction and technique with the catheter centered between the flaps				
Do not twist the folding sleeve onto the balloon (Unless spec states to do so), this				
can damage or weaken the balloon material.				

Trainee:				
-	Print Name	Signature	Date	
		Ç		
Tue:				
Trainer:				
_	Print Name	Signature	Date	
		_		

Page 1 of 5



Doc. No.: CT04-Form_01

Specification Balloon Folding Qualification Exam/Tests

Version No.: 3

SECTION 2 - WRITTEN EXAM

ainee:	Print Name	Signature	Date
	Fillit Name	Signature	Dale
	ment to help you answer them	uestions. Feel free to use your . Record these document nun	
1. What	SI is used for manually folding	balloons?	
2. How m	nany procedures are on that SI	?	
3. What s	SI is used for folding balloons v	with the heated fixture?	
	aining for balloon folding occur balloons?	for each employee even if the	y are qualified
ed By:			Exam Score:
	nt Name Signature	Date	_

Rev: 003 C00013048



Doc.	No.:
CT)4-
Form	_01

Specification Balloon Folding Qualification Exam/Tests

Version No.: 3

SECTION 3 - INSPECTION SI-421 PROCEDURE A

Directions: Please fill out the following table according to the results of the inspection.						
Part #		Assembler #		SI-421	Procedure A	
Sample #	Pass/Fail visual check	Pass/Fail leak test at psi per Qspec	WO#	Date	Comments	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
Did all the folded balloons pass visual inspection and leak test? YES NO						
Inspector	·			Overa	ıll Result:	
	Printed Name	Signature	Date			

Rev: 003 C00013048



Doc.	No.:
CTO)4-
Form	01

Specification Balloon Folding Qualification Exam/Tests

Version No.: 3

SECTION 4 - INSPECTION SI-421 PROCEDURE B

Directions: Please fill out the following table according to the results of the inspection.						
Part #	<u> </u>	Assembler #	 	SI-421	Procedure B	
Sample #	Pass/Fail visual check	Pass/Fail leak test at psi per Qspec	WO#	Date	Comments	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
Did al	I the folded ball	oons pass visual inspec	tion and leak	k test? YES	S NO	
Inspector	r: Printed Name	Signature	Date	Overall	Result:	

Rev: 003 C00013048



Doc.	No.:
CTO)4-
Form	_01

Specification Balloon Folding Qualification Exam/Tests

Version No.: 3

SECTION 5 - INSPECTION SI-285

Directions: Please fill out the following table according to the results of the inspection.						
	Part #	Assem	bler #		SI- 285	
Sample #	Pass/Fail visual check	Pass/Fail leak test at psi per Qspec	WO#	Date	Comments	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
Did al	I the folded ball	oons pass visual inspec	ction and leak	test? YES	NO NO	
Inspector		21		Overall	Result:	
	Printed Name	Signature	Date			
SECTION 6 - APPROVAL The above specified assembler has adequately completed and passed all listed requirements and is hereby trained to perform the specified process. Trainee:						
-	Р	rint Name		Signature	Date	
Trainer:	P	rint Name		Signature	Date	
	·			3		

Page 5 of 5