

Fitting and fit check record

Form | OPT-FRM-002

Document type	Form
Title	Fitting and fit check record
Document ID	{{facility.code}}-OPT-FRM-002
Version and status	1.0 Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 15 (Optical and Hearing), criterion 15.3
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the measured need, the product fitted, and the fit check with the patient.

1. How to complete

- Record the measurement.
- Check the fit with the patient.
- Record any adjustment.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Measured need recorded	Yes	☐	☐	☐	Action and who to tell
2	Product fitted	Yes	☐	☐	☐	Action and who to tell
3	Fit checked with patient before leaving	Yes	☐	☐	☐	Action and who to tell
4	Adjustment made (yes or no)	Yes	☐	☐	☐	Action and who to tell
5	Fitter and date	Yes	☐	☐	☐	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	Based on the ASF Expert Committee consensus and the WHO World report on hearing (2021).

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval