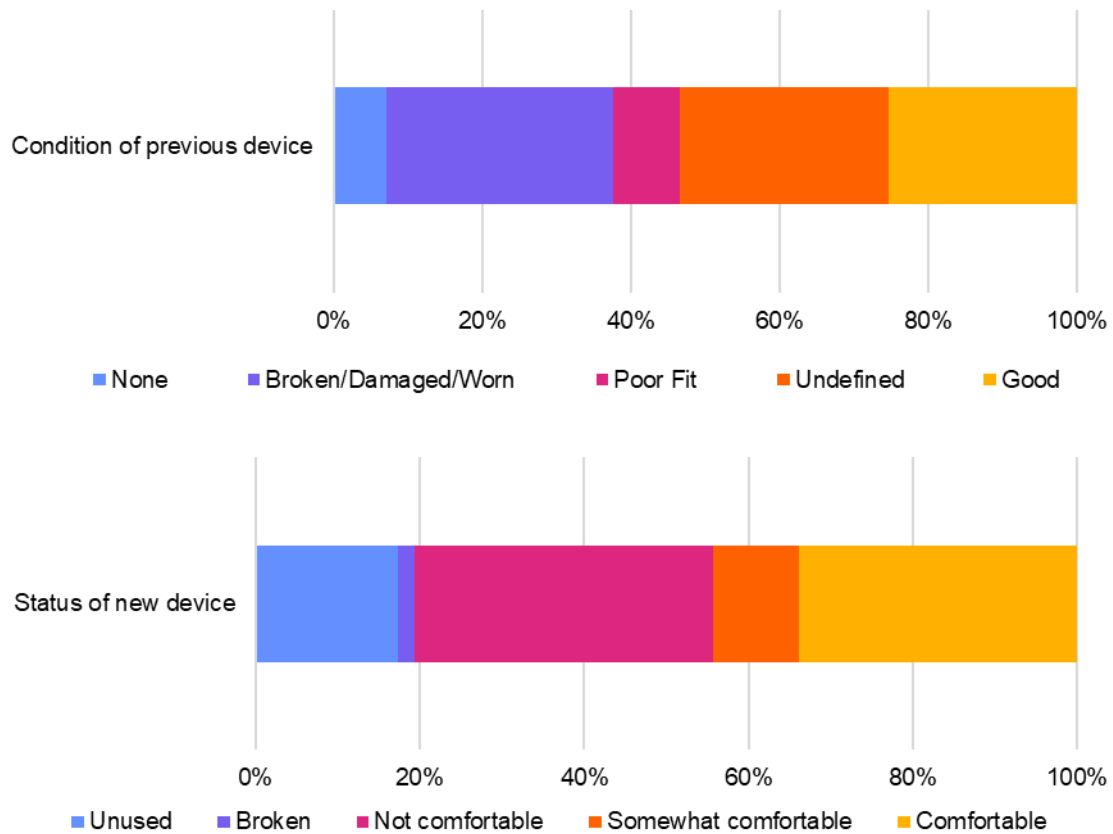


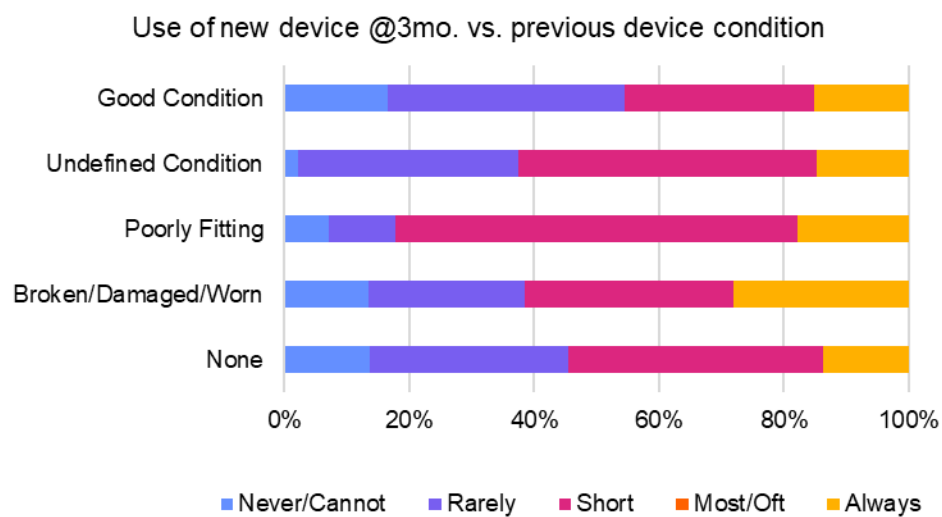
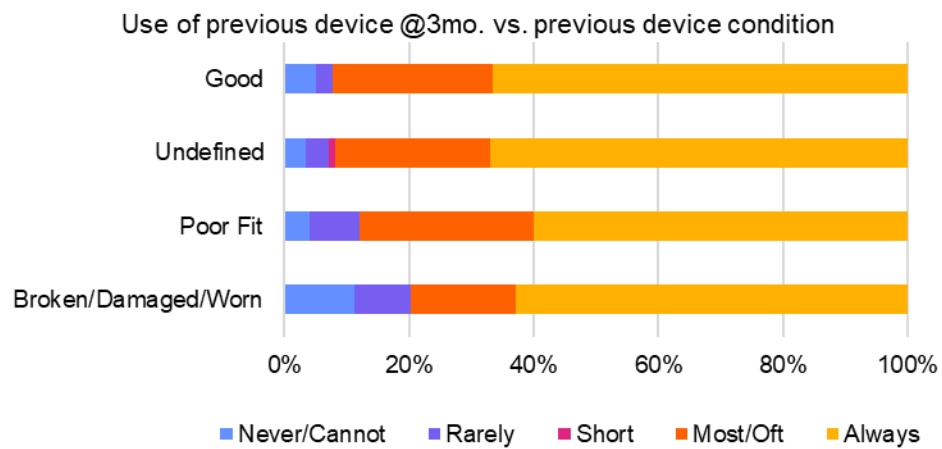
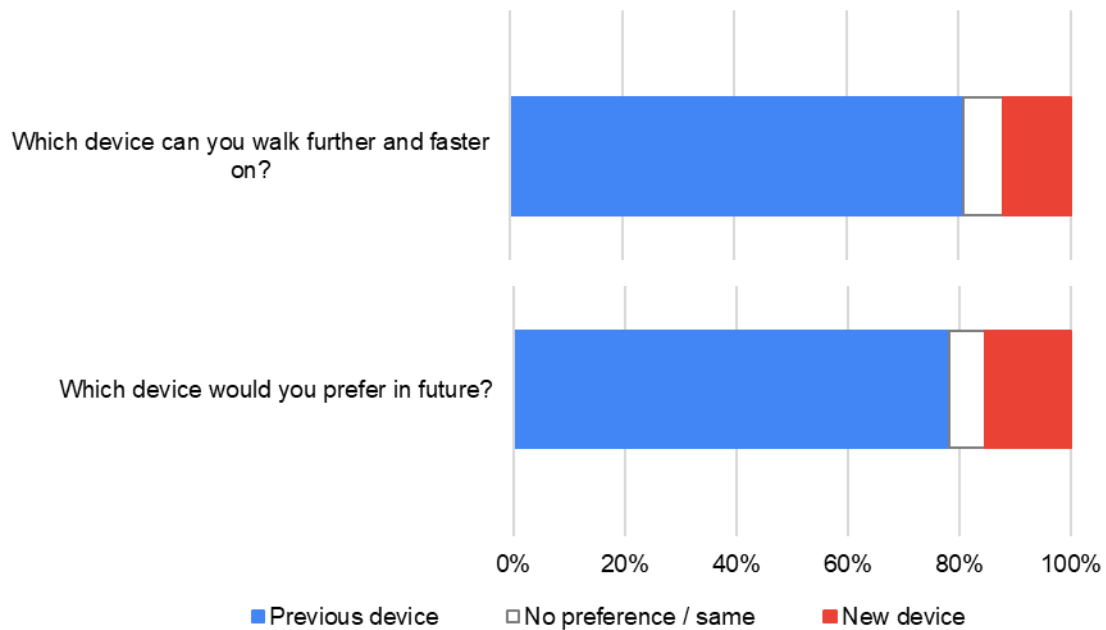
Heang T, Kheng S, Donovan-Hall M, Channon A, Dickinson A, Harte C.

Supplementary information for “Quality and user satisfaction scores for prosthetic limbs provided in a fitting camp, Cambodia”, 2025.


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Data doi: <http://dx.doi.org/10.5258/SOTON/D3663>





Device Checkout Form

 <p>ISO 9001:2015</p>	Quality Check out for Prosthesis and Orthosis	Code: FR-PO-714 Reference: QP 7 Version: 10 Issued/Reviewed Date: 23-Sep -21			
Fitting date: Name of PO conducting Device fitting:					
No.	Questions to ask	Before Finishing	Comment for improvement	Delivery	Comment
		Yes No N/A		Yes No N/A	
1	Is the general workmanship satisfactory?				
2	Before donning the device, is problem site in good condition?				
3	While Standing, is the length of the device acceptable?				
4	While standing, walking & sitting is the device comfortable?				
5	While walking and sitting, is the suspension or straps adequate?				
6	While walking, is the dynamics gait & alignment is acceptable?				
7	After doffing the device, is problem site in good condition?				
8	Can patient use the device independently?				
9	Does device's function meet patient's needs?				
10	Is device's cosmetic is acceptable?				
11	Is the client informed about problem site/device care?				
12	Does the client satisfy with device provided?				
13	Is the client informed about future appointment?				
Note: The above Questions are asked based on Work Instruction code: WI-PO-06. N/A= Not Applicable		Before finishing Checked by: Date: PO <input type="checkbox"/> /PT <input type="checkbox"/> , Name: Can be finished <input type="checkbox"/> Yes <input type="checkbox"/> No, need to re-do		Delivery checked by: Date: PO <input type="checkbox"/> /PT <input type="checkbox"/> , Name: Can be delivered <input type="checkbox"/> Yes <input type="checkbox"/> No, need to re-do	
Stamp here for manufacturing progress.				Device recipient Received date: Signature/Thumbprint:	