

Zono Machine Operation Acknowledgement

By signing this form, you are acknowledging that you have reviewed and will use the Zono Sanitizing and Disinfecting Cabinet in direct accordance to the procedures outlined in the Zono training, the ZONOsanitech™ User's Manual, and the SNHS, Inc. Child Development ZONOsanitech™ Operation procedures.

This also acknowledges that any concerns, damage, operation errors, or concerns for misuse will be reported immediately to your site supervisor/center director or Health Services Specialist.

Employee's Signature

Date

*Once complete, please reach out to your site supervisor/center director, or the Health Services Specialist for the ACCESS CODE.