

**Northwest Primary Care, Inc.**  
**455 W. McPherson Hwy, Clyde, OH 43410**  
**COMPETENCY CHECKLIST -  6 Months  ANNUAL**

Employee Name: \_\_\_\_\_

Lab Position:  Waived-Testing Personnel  
 Non-Waived Testing Personnel

Evaluator: Document by dating and initialing each item at the time of the evaluation that employee has shown competency and complete the method of review to include information on specific tests and records reviewed. Retain a copy in the personnel file. If a specific skill does not apply to this method, indicate by writing "NA" under "Date" for that item.

DIRECT OBSERVATION OF TEST PERFORMANCE	Competencies Met	Date	Initials
<input type="checkbox"/> Pre-analytic sample handling	_____	_____	_____
<input type="checkbox"/> Reagent handling	_____	_____	_____
<input type="checkbox"/> Step by Step Procedure	_____	_____	_____
<input type="checkbox"/> Results interpretation and reporting	_____	_____	_____

**List specific tests observed:**

- Sysmex CBC  Access 2 Immunoassay  Axcel Chemistry  Afinion A1C  Afinion Microalbumin  Urine Dipstick McKesson 120  
 CoagSense INR  BD Veritor Flu A+B  Consult Strep A  FOBT  Urine HCG

MONITOR RESULTS RECORDING AND REPORTING	Competencies Met	Date	Initials
<input type="checkbox"/> Transcription	_____	_____	_____
<input type="checkbox"/> Timeliness	_____	_____	_____
<input type="checkbox"/> Follows Abnormal/Critical Values Procedures	_____	_____	_____

**Document specific Method of Review:**

- Direct observation  Review of patient charts  Test reports  Instrument reports  Critical results log List patient ID/accesion number where applicable

REVIEW OF WORKSHEETS, QC, PT, MAINTENANCE RECORDS	Competencies Met	Date	Initials
<input type="checkbox"/> Completes records as required	_____	_____	_____
<input type="checkbox"/> Completes at appropriate frequency intervals	_____	_____	_____
<input type="checkbox"/> Date and initials where required	_____	_____	_____
<input type="checkbox"/> Documents Corrective action where required	_____	_____	_____
<input type="checkbox"/> Records legible with appropriate corrections when needed	_____	_____	_____

**Document Method and Dates of Review:**

- QC records  Proficiency testing records  Maintenance records Include specific date of record review

DIRECT OBSERVATION OF INSTRUMENT MAINTENANCE	Competencies Met	Date	Initials
<input type="checkbox"/> Performs as required	_____	_____	_____
<input type="checkbox"/> Documents as required	_____	_____	_____
<input type="checkbox"/> Identifies Corrective action when needed	_____	_____	_____

**List specific tests observed:**

- Sysmex CBC  Access 2 Immunoassay  Axcel Chemistry  Afinion A1C  Afinion Microalbumin  Urine Dipstick McKesson 120  
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ASSESSMENT OF PROFICIENCY TESTING	Competencies Met	Date	Initials
<input type="checkbox"/> Achieves Accuracy	_____	_____	_____
<input type="checkbox"/> The employee can provide corrective action for failed proficiency events	_____	_____	_____

**Proficiency Test Records observed:**

\_\_\_\_\_

\_\_\_\_\_

ASSESSMENT OF PROBLEM SOLVING	Competencies Met	Date	Initials
<input type="checkbox"/> Identifies problem	_____	_____	_____
<input type="checkbox"/> Reports/documents problem	_____	_____	_____
<input type="checkbox"/> Problem solved	_____	_____	_____

**Document specific method and dates of Review** to include any of the following     QC records     Proficiency testing records  
 Maintenance records     Instrument corrective action logs     Quizzes     Review of non-conforming events and incidents     Review of specimen rejection issues.

\_\_\_\_\_

\_\_\_\_\_

<b>Competency has been satisfactorily demonstrated?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reviewers Comments:		
Corrective Actions:		
Reviewer's Name:	Signature:	
Employee's Signature:		
Director's Signature:		