

**Northwest Primary Care,
455 W. McPherson Hwy, Clyde, OH 43410**

COMPETENCY CHECKLIST – 6 Month ANNUAL

Employee Name: _____

Lab Position: Testing Personnel

Evaluator: Document by dating and initialing each item at the time of 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 "N/A" under "Date" for that item.

I. DIRECT OBSERVATION OF TEST PERFORMANCE	Competencies Met	Date	Initials
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- | | | | |
|--|-------|-------|-------|
| <input type="checkbox"/> Pre-analytic sample handling | _____ | _____ | _____ |
| <input type="checkbox"/> Reagent handling | _____ | _____ | _____ |
| <input type="checkbox"/> Step by Step Test Procedure | _____ | _____ | _____ |
| <input type="checkbox"/> Result Interpretation and reporting | _____ | _____ | _____ |

List specific tests observed:

- Sysmex CBC Access II Immunoassay Axcel Chemistry Affinion A1C and Microalbumin
 Urine dipstick McKesson 120 INRatio 2 PT/INR Alere I - FLU A/B Glucose True Track Binax Now FLU A/B
 Consult Strep A FOBT Urine HCG

II. Monitor Results recording and Reporting	Competencies Met	Date	Initials
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- | | | | |
|--|-------|-------|-------|
| <input type="checkbox"/> Transcription: | _____ | _____ | _____ |
| <input type="checkbox"/> Timeliness: | _____ | _____ | _____ |
| <input type="checkbox"/> Follows Abnormal/Critical Values procedures | _____ | _____ | _____ |

Document specific Method of Review:

Examples: Direct Observation; Checklist documenting observation; review of patient charts, test reports, instrument reports, critical result log etc). List patient ID/accession where applicable.

III. Review of worksheets, QC, PT and Maintenance Records: Reporting	Competencies Met	Date	Initials
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- | | | | |
|---|-------|-------|-------|
| <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"/> Performs Corrective Action where required | _____ | _____ | _____ |
| <input type="checkbox"/> Documents Corrective action where required | _____ | _____ | _____ |
| <input type="checkbox"/> Records are legible with appropriate corrections when needed | _____ | _____ | _____ |

Document Method and Dates of Review:

Examples: QC records, Proficiency testing records, maintenance records. Include specific date of record reviewed.

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

List specific tests observed:

- AW Axcel Sysmex Access II Afinion InRatio2 McKesson 120 True Track Glucometer Alere i

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V. ASSESSMENT OF PROFICIENCY TESTING Reporting	Competencies Met	Date	Initials
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- | | | | |
|---|-------|-------|-------|
| <input type="checkbox"/> Achieves Accuracy: | _____ | _____ | _____ |
| <input type="checkbox"/> The employee can provide corrective action for failed proficiency events | _____ | _____ | _____ |

Proficiency Test Records Observed:

VI. Assessment of Problem Solving Reporting	Competencies Met	Date	Initials
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- | | | | |
|--|-------|-------|-------|
| <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 Quizzes, review of QC and instrument corrective action logs, review of non-conforming events and incidents, review of specimen rejection issues, etc. Document specific date

Competency has been satisfactorily demonstrated. YES NO

Reviewers Comments:

Corrective Actions:

Reviewer's Name:	Signature:
Reviewers Name:	Signature:

Employees Signature:

Directors Signature

