

STAFF ORIENTATION, TRAINING AND COMPETENCY

INITIAL PERSONNEL TRAINING CHECKLIST

Employee Name: _____

Lab Position: _____

Training Start Date: _____ Training End Date: _____

Test Method: _____ Manufacturer: _____

Trainer: Document completion with date and initial for each item that the employee has been successfully completed. Retain a copy of this document in the personnel file. If a specific skill does not apply to this method, indicate by writing "N/A" in the "Date" column for that item.

		Date	Initials
1.	Read the test procedure or method's operation manual	_____	_____
2.	Understands and applies specimen collection and storage requirements for the test method	_____	_____
3.	Appropriately applies manufacturers storage requirements for reagents and control materials employed in testing.	_____	_____
4.	Applies knowledge of the inventory control process to all test materials.	_____	_____
5.	Performs preventative maintenance, calibration, calibration verification and quality control procedures for the test method as required by manufacturer	_____	_____
6.	Performs, interprets and accepts or rejects results for calibration and calibration verification procedures	_____	_____
7.	Performs, interprets, documents and accepts or rejects quality control as per manufacturers instructions	_____	_____
8.	Performs and documents appropriate corrective action as required by quality control failure.	_____	_____
9.	Notifies appropriate personnel of quality control failure that is unresolved with appropriate corrective action	_____	_____
10.	Seeks alternate test methods or delays reporting patient test results if quality control, calibration, or maintenance fails.	_____	_____
11.	Verifies specimen identity and performs patient testing as per manufacturers instructions.	_____	_____
12.	Reports and verifies completeness and accuracy of patient testing	_____	_____
13.	States and applies knowledge of factors that can affect patient results in test procedure.	_____	_____
14.	Verifies, follows physician notification policy, and documents all actions related to critical or questionable values	_____	_____

This employee has been trained on the above test procedures and has been determined to be competent to perform all laboratory tests and procedures stated above.

_____ Competent _____ Not Competent

Comments: _____

Employee Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Laboratory Director: _____ Date: _____