

STAFF ORIENTATION, TRAINING AND COMPETENCY

COMPETENCY CHECKLIST - 6 Months Annual

Employee Name: _____ Lab Classification: Waived Non-Waived
 Month / Year: _____

Direct Observation of Test Performance	Competent	Date / Evaluator
<i>Tests Observed:</i> <input type="checkbox"/> Sysmex CBC <input type="checkbox"/> Access 2 Immunoassay <input type="checkbox"/> AW Axcel Chemistry <input type="checkbox"/> Afinion A1c <input type="checkbox"/> Afinion ACR <input type="checkbox"/> UA Dipstick McKesson 120 <input type="checkbox"/> Coag-Sense INR <input type="checkbox"/> BD Veritor Flu A+B <input type="checkbox"/> Consult Strep A <input type="checkbox"/> Urine HCG	Pre Analytic sample handling	
	Reagent handling	
	Step by Step Procedure	
	Results interpretation / reporting	
	COMMENTS:	

Monitor Results Recording and Reporting	Competent	Date / Evaluator
<i>Document Specific Method of Review:</i> <input type="checkbox"/> Direct observation <input type="checkbox"/> Review of patient charts <input type="checkbox"/> Test reports <input type="checkbox"/> Instrument reports <input type="checkbox"/> Critical results log <i>Patient ID/ accession # where applicable</i>	Transcription	
	Timeliness	
	Follows abnormal/critical values procedures	
	COMMENTS:	

Review Worksheets, QC, PT, Maintenance Records	Competent	Date / Evaluator
<i>Document Method and Dates of Review:</i> <input type="checkbox"/> QC records <input type="checkbox"/> PT testing records <input type="checkbox"/> Maintenance records	Completes records as required	
	Completes at appropriate frequency intervals	
	Date and initials where required	
	Documents Corrective Action where required	
COMMENTS:	Records legible with appropriate corrections when needed	

Direct Observation of Instrument Maintenance	Competent	Date / Evaluator
<i>List Specific Tests Observed:</i> <input type="checkbox"/> Sysmex CBC <input type="checkbox"/> Access 2 Immunoassay <input type="checkbox"/> AW Axcel Chemistry <input type="checkbox"/> Afinion A1c <input type="checkbox"/> Afinion ACR <input type="checkbox"/> UA Dipstick McKesson 120 <input type="checkbox"/> Coag-Sense INR <input type="checkbox"/> BD Veritor Flu A+B <input type="checkbox"/> Consult Strep A <input type="checkbox"/> Urine HCG	Performs as required	
	Documents as required	
	IDs corrective action when needed	
	COMMENTS:	

Assessment of Proficiency Testing	Competent	Date / Evaluator
<i>PT Records Observed:</i>	Achieves accuracy	
	Can provide corrective action for failed PT	
	COMMENTS:	

Assessment of Problem Solving	Competent	Date / Evaluator
<i>Document specific method and dates of Review:</i> <input type="checkbox"/> QC Records <input type="checkbox"/> PT testing records <input type="checkbox"/> Maintenance records <input type="checkbox"/> Corrective Action Logs <input type="checkbox"/> Quizzes <input type="checkbox"/> Review of non-conforming events <input type="checkbox"/> Review of specimen rejection issues	Identifies Problems	
	Reports/documents problem	
	Problem solved	
	COMMENTS:	

Competency satisfactorily demonstrated? YES NO

Reviewer Comments/Suggested Corrective Actions:

Reviewer: _____ Employee: _____ Lab Director: _____
 Signature: _____ Signature: _____ Signature: _____