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| **Actim Partus POCT Quality Control** | | | | | | | | |
| **Competency Description** | **Reference** | **Document #** | **D/R** | **O** | **P** | **Trainer**  **Initials** | **Trainee Initials** | **Comments** |
| Actim Partus Testing | **ourNTHSSA.ca** | **15-21-V1 POCT Actim Partus Testing Procedure** |  |  |  |  |  |  |
| Actim Partus QC | **ourNTHSSA.ca** | **15-22-V1 Actim Partus Quality Control Procedure** |  |  |  |  |  |  |
| Actim Partus Sampling and Testing Procedure | **ourNTHSSA.ca** | Video |  |  |  |  |  |  |
| Successfully perform all three levels of QC |  |  |  |  |  |  |  |  |
| Record QC Results in TQC |  |  |  |  |  |  |  |  |

D/R – Procedure was described to or read by the trainee, trainee to record the relevant document number to show they can find the document

O – The trainee observed the procedure being performed by the trainer

P – The trainer observed the trainee successfully perform the procedure

|  |  |  |
| --- | --- | --- |
| **Orientation Complete? [ ] Yes [ ] No (Provide explanation below)** | | |
| **Employee Name (Print):** | **Employee Signature:** | **Date:** |
| **Training Technologist (Print):** | **Training Technologist Signature:** | **Date** |
| **Laboratory Manager Name (Print)** | **Laboratory Manager Signature:** | **Date:** |