

## TRAINING UPDATE

**Lab Location:** GEC, SGMC & WAH  
**Department:** Supervisors & QA staff

**Date Distributed:** 8/16/2017  
**Due Date:** 8/28/2017  
**Implementation:** 8/28/2017

### DESCRIPTION OF PROCEDURE REVISION

|   |  |
|---|--|
| <b>Name of procedure:</b>   |  |
| <b>Policy for Competency Assessment      SGAHQDNQA737 v2.1</b>            |  |
| <b>Description of change(s):</b>  |  |
| Adopting new CQA revision with the following edits:                       |  |
| <b>Section</b>  | <b>Description</b>                       |
|   | Remove references to MediaLab throughout |
| 2   | Add note for local departments           |
| 6.1   | Add local process for quiz               |
| 6.2   | Include Test System                      |
| 6.3   | Add note for local forms                 |
| 9   | Add local SOP and forms                  |
| <b>The revised SOP &amp; forms will be implemented on August 28, 2017</b> |  |

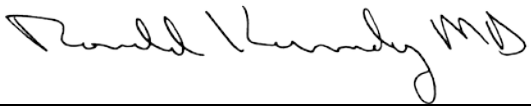
Document your compliance with this training update by taking the quiz in the MTS system.

Non-Technical SOP

|                    |   |
|--------------------|---|
| <b>Title</b>       | <b>Policy for Competency Assessment</b> |
| <b>Prepared by</b> | Kathy Grimes                            |

| <b>Laboratory Approval</b>   |                  | <b>Effective Date:</b> |
|--|------------------|------------------------|
| <b>Print Name and Title</b>  | <b>Signature</b> | <b>Date</b>            |
| <i>Refer to the electronic signature page for approval and approval dates.</i> |                  |                        |
|  |                  |                        |
|  |                  |                        |
|  |                  |                        |

| <b>Review</b>               |                  |             |
|-----------------------------|------------------|-------------|
| <b>Print Name and Title</b> | <b>Signature</b> | <b>Date</b> |
|                             |                  |             |
|                             |                  |             |
|                             |                  |             |
|                             |                  |             |
|                             |                  |             |

| <b>Corporate Approval</b>   |  | <b>Corporate Issue Date:</b> 6/5/2017 |
|---|--|---------------------------------------|
| <b>Print Name and Title</b>   | <b>Signature</b>   | <b>Date</b>                           |
| Dianne Zorka, <b>Director, Corporate Quality Assessment - CP</b>      | <i>On file</i>   |                                       |
| Kathy Dwyer, <b>Director, National Quality Assessment - AP Owners</b> |  | 6/1/2017                              |
| <b>Ronald Kennedy, M.D. Sr. Medical Director Medical Quality</b>      |  | 6/1/2017                              |

|   |                                      |
|---|--------------------------------------|
| <b>Retirement Date:</b>                   | <i>Refer to the SmartSolve EDCS.</i> |
| <b>Reason for retirement/replacement:</b> |                                      |

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### **1. PURPOSE**

This document sets forth the policy and process for documentation of required competency assessment in Quest Diagnostics, AmeriPath and DermPath Diagnostics laboratories.

### **2. SCOPE**

- This policy and process applies to departments with personnel involved in any phase of the testing process (pre-analytic, analytic and post-analytic). This includes:
  - All testing departments
  - Specimen Processing
  - Referral Testing
  - Technical Operations
- This policy defines competency assessment requirements for new and existing employees.
- The following departments are not covered by the specific requirements of this procedure. However, these departments must have policies and processes for assessing and documenting employee performance.
  - Warehouse/Materials Management
  - Logistics

**Notes:** At Quest Diagnostics at Germantown Emergency Center, Shady Grove Medical Center and Washington Adventist Hospitals, Information Technology (IT), Client Service and Patient Services (Phlebotomy) adhere to this procedure. Point of Care follows the Adventist HealthCare training process.

### 3. RESPONSIBILITY

| Responsible Party   | Task   |
|---|--|
| <b>Laboratory Director</b>                                | <ul style="list-style-type: none"> <li>Approves the initial document and any subsequent revisions.</li> </ul>  |
| <b>Laboratory Director or Designee</b>                    | <ul style="list-style-type: none"> <li>Recurring review of this document</li> <li>Ensures that each person is competent and maintains competency in order to perform assigned duties</li> </ul>  |
| <b>Technical Supervisor</b>                               | <ul style="list-style-type: none"> <li>Implements this policy and process in the area(s) for which he/she is responsible</li> <li>Identifies competency assessment needs and assures that each individual performing any pre-analytic, analytic and/or post-analytic process is assessed at the required frequency</li> <li>Ensures that Assessors for High Complexity testing meet qualifications as a General Supervisor and are currently trained and competent to perform the Test System</li> <li>Ensures that competency assessment is appropriately documented</li> </ul> |
| <b>Technical Consultant</b>                               | <ul style="list-style-type: none"> <li>Implements this policy and process in the area(s) for which he/she is responsible</li> <li>Identifies competency assessment needs and assures that each individual performing any pre-analytic, analytic and/or post-analytic process is assessed at the required frequency</li> <li>Ensures that competency assessment is appropriately documented</li> </ul>  |
| <b>Pre-/Post-analytical Department Manager/Supervisor</b> | <ul style="list-style-type: none"> <li>Implements this policy and process in the area(s) for which he/she is responsible</li> <li>Identifies Competency Assessment needs and assures that each individual performing any pre-analytic, analytic and/or post-analytic process is assessed at the required frequency</li> <li>Ensures that Competency Assessment is appropriately documented</li> </ul>  |
| <b>General Supervisor</b>                                 | <ul style="list-style-type: none"> <li>Ensures compliance with this process in his/her department.</li> <li>Manages the department competency program</li> <li>Ensures that all employees are assessed, as applicable</li> <li>Approves completed competency assessment(s)</li> </ul>  |
| <b>Assessor (Must be delegated in writing)</b>            | <ul style="list-style-type: none"> <li>Observes employees as they perform all steps of procedure(s) and/or Test Systems / <b>Module</b></li> <li>Reviews all records associated with procedure(s) and/or Test Systems / <b>Module</b></li> <li>Evaluates Test Performance</li> <li>Evaluates Problem Solving Skills</li> <li>Documents evidence used to evaluate the employee's performance</li> </ul>   |
| <b>Quality Assurance Department</b>                       | <ul style="list-style-type: none"> <li>Ensures that this document is available to all individuals responsible for Competency Assessment</li> <li>Coordinates Internal Assessments (audits) of the Competency Assessment process to ensure compliance with this procedure.</li> </ul>   |

#### 4. DEFINITIONS

| Term                          | Definition  |
|-------------------------------|---|
| <b>Assessor</b>               | Qualified individual(s) who is/are delegated to perform competency assessment functions. <ul style="list-style-type: none"> <li>• In laboratories that perform both moderate and high complexity testing, the individual(s) must meet the qualifications of 4 years of education and 4 years of experience in the specialty.</li> <li>• In laboratories that perform only moderate complexity testing the individual(s) must meet the qualifications of a technical consultant.</li> </ul>  |
| <b>Competency</b>             | The condition of having the essential knowledge, skills and ability to perform testing as trained and according to procedural specifications  |
| <b>Competency Assessment</b>  | An objective evaluation that helps ensure a person continues to perform testing accurately, proficiently, and according to established processes and procedures   |
| <b>Performance Assessment</b> | Evaluation of an employee that demonstrates they can perform all testing operations reliably to provide and report accurate results   |
| <b>Post-analytic Process</b>  | A process that occurs after testing is complete, such as result reporting.  |
| <b>Pre-analytic Process</b>   | A process that occurs prior to testing, such as patient preparation, specimen collection, identification, preservation, transportation and specimen processing  |
| <b>Test System</b>            | The process that includes pre-analytic, analytic, and post-analytic steps used to produce a test result or set of results. A Test System may be manual, automated, multi-channel or single-use and can include reagents, components, equipment or instruments required to produce results. A Test System may encompass multiple identical analyzers or devices. Different Test Systems may be used for the same analyte.  |
| <b>Training Module</b>        | <ul style="list-style-type: none"> <li>• Supervisory tools used to organize the contents of the department’s training program and are not required to be maintained as part of each individual’s training record.                             <ul style="list-style-type: none"> <li>○ For Testing Personnel - A Module is a documented list of procedures associated with a single Test System. Training on all applicable procedures must be completed prior to the performance of the Test System.</li> <li>○ For Non-testing personnel – A Module is a documented list of procedures associated with a specific process, workstation or job assignment. Training on all applicable procedures must be completed prior to the performance of the job assignment.</li> </ul> </li> <li>• Refer to the Policy for Training Verification for specific requirements and instructions.</li> </ul> |

| Term                 | Definition   |
|----------------------|--|
| <b>Training Plan</b> | A documented list of all Training Modules in a department. It serves as a “Table of Contents” for the department’s Training Modules. Refer to the Policy for Training Verification for specific requirements and instructions. |

**5. POLICY**

**5.1 Competency assessment intention**

- **Competency assessment must be performed on all employees involved in any phase of the testing process to ensure they perform assigned duties proficiently and in a manner that is consistent with standard operating procedures**
- Competency records must be readily available.
  - Competency must be evaluated using objective, defined criteria
  - Competency assessment must correspond to Test Systems/ **Modules developed** for training
  - Competency assessment must be performed by individuals who are qualified and delegated.
    - For High Complexity testing the Assessor must meet the qualifications of 4 years of education and 4 years of experience in the specialty and be delegated to perform the function by the Technical Supervisor.
    - For Moderate Complexity testing, the Assessor must meet the regulatory requirements as a Technical Consultant.

**5.2 Competency assessment frequency**

- During the first year of hire, performance of an individual’s assigned duties must be evaluated least semi-annually.
- When an individual has completed the first 2 semi-annual assessments, performance must be assessed at least annually (per calendar year), thereafter.
  - The date for annual assessment can occur anytime in the calendar year and is not dependent upon the date of the previous assessment.
- Refer to the following table for guidance:

| Frequency                                       | New Employees   | Employees >1 year |
|---|---|-------------------|
| <b>First Semi-Annual Competency Assessment</b>  | <ul style="list-style-type: none"> <li>• Within 6 months from the date the first training verification checklist is completed perform the first competency assessment.</li> <li>• Assessment must be completed for ALL Test Systems/Training Modules on which the employee is trained.</li> </ul>                                     | Not required      |
| <b>Second Semi-Annual Competency Assessment</b> | <ul style="list-style-type: none"> <li>• 6 months after the date of the first semi-annual assessment perform the second competency assessment for ALL Test Systems/Training Modules on which the employee has been trained to date.</li> <li>• This must include those previously assessed in the first 6 month assessment</li> </ul> | Not required      |

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|                                     |   |  |
|-------------------------------------|---|--|
| <b>Annual Competency Assessment</b> | Each subsequent calendar year, <u>annually</u> assess each Test System/Training Module the employee performs. | Required each calendar year for each Test System/Training Module the employee performs |
|-------------------------------------|---|--|

## 6. PROCESS

### 6.1 General Competency Assessment Requirements

#### 6.1.1 Elements for Evaluating Testing Personnel

- For each Test System, evaluate all six CLIA required elements for competency assessment. The six elements are as follows:
  1. Direct observations of routine patient test performance, including, as applicable, patient identification and preparation, and specimen collection, handling, processing and testing
  2. Monitoring the recording and reporting of test results, including, as applicable, reporting critical results
  3. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records
  4. Direct observation of performance of instrument maintenance and function checks
  5. Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples
  6. Evaluation of problem-solving skills. The Adventist hospital sites may include a quiz on the competency form or utilize an electronic system to administer tests. Refer to the policy Medical Training Solutions (MTS) for specific details.
- For Test Systems in which one of the six elements does not exist, such as direct observation of performance of instrument maintenance and function checks, the reason why the element is not applicable must be documented.
- Record review must include observation of compliance with the Documentation Technique Policy.

#### 6.1.2 Elements/Methods for Evaluating Non-Testing Personnel

- For all individuals who perform supportive tasks that are not technical in nature, the 5 following methods of assessment are required for each Test System / **Module**:
  1. Direct observation of employee's duties
  2. Observation of compliance with safety protocols
  3. Review of work product for compliance with standard operating procedures and applicable workload limits
  4. Monitoring the recording and reporting of test results (as applicable)  
**NOTE:** Includes observation of compliance with the Documentation Technique Policy.
  5. Assessment of problem solving skills. The Adventist hospital sites may include a quiz on the competency form or utilize an electronic system to administer tests. Refer to the policy Medical Training Solutions (MTS) for specific details.

## 6.2 Department Competency Assessment Program Components

### 6.2.1 For departments using manual or paper methods

Create a Competency Assessment Form for each **Test System** / Training Module (refer to the template for Non-Testing Personnel QDNQA336).

- Include the name of the **Test System** / Training Module from the department Training Plan.
- For each **Test System** / Training Module determine: 1) the specific key procedural steps to observe, 2) records and other work products for review, and 3) process for evaluating problem solving skills, which will be used in order to assess and demonstrate that the employee performs the procedure(s) satisfactorily.
- Details of each method of assessment must be documented using document identifiers, dates, or other traceable information.

## 6.3 Process for Assessing Competency

### 6.3.1 For departments using manual or paper methods:

| Step | Action  |
|------|---|
| 1    | Create a Competency Assessment Form for each employee, according to the appropriate interval being assessed (i.e., first semi-annual at 6 months, second semi-annual at 12 months, Annual, or Reassessment) and for each <b>Test System</b> / Training Module on which they are trained.<br>NOTE: Use Competency Assessment Form for Non-Testing Personnel (QDNQA336). <b>The Adventist system uses local forms, see Related Documents.</b> |
| 2    | The Assessor(s) evaluates the employee's performance of all procedural steps associated with the Training Module using the methods listed on the form.  |
| 3    | The Assessor documents the evidence used to evaluate the employee, the result of the evaluation, and whether performance is Satisfactory (S), Unacceptable (U), or is Not Applicable (NA). NOTE: Additional documentation of evidence of completion is <u>optional</u> and may be attached to the Competency Assessment Form to be retained with the record.  |
| 4    | The Assessor initials and dates each assessment as it is completed  |
| 5    | Unacceptable performance must have corrective action(s) performed and documented in the appropriate field on the Competency Assessment Form.  |
| 6    | Remedial training must be performed and documented whenever an employee fails to meet competency assessment expectations. Testing of patient samples must be suspended until retraining is complete.  |
| 7    | The employee signs and dates the completed Competency Assessment form.  |
| 8    | The Laboratory Director or Delegated Supervisor reviews, signs and dates the completed Competency Assessment Form. This signifies that the employee demonstrates satisfactory performance and is approved to perform the procedure(s) and/or Test System.<br>NOTE: The Laboratory Director is not required to sign the Competency Assessment Form directly IF competency has been delegated to a qualified Supervisor.                      |

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## 6.4 Organization of Competency Assessment Records

| Step  | Action   |
|---|--|
| 1   | Each employee's records must contain documentation that <u>all</u> elements or methods have been assessed for each Test System or Training Module on which they are trained.   |
| <b>For departments using manual or paper methods:</b> |  |
| 2   | File completed Competency Assessment documents in a manner that is consistent and ensures that individual employee records can be readily retrieved. Forms may be sorted and filed in the following manner: <ul style="list-style-type: none"> <li>• By employee name and then by Training Module<br/>OR</li> <li>• By Training Module and then by employee name.</li> </ul>   |
| 3   | File completed competency documents separately from training documentation.  |
| 4   | File completed Competency Assessment documents according the year performed. <ul style="list-style-type: none"> <li>• Current and previous year's competency assessment documents must be readily available in the laboratory.</li> <li>• Documents that predate the previous year may be stored offsite according to the record retention requirements outlined in the Quest Diagnostics Records Management Program.</li> </ul> |

## 7. PROCEDURE NOTES

None

## 8. RECORDS MANAGEMENT

Records generated as a result of this policy/process/procedure may have different retention requirements. Refer to the Quest Diagnostics *Records Management Program Reference Guide*.  
[http://questnet1.qdx.com/Business\\_Groups/legal/records/schedule.htm](http://questnet1.qdx.com/Business_Groups/legal/records/schedule.htm)

## 9. RELATED DOCUMENTS

- Quest Diagnostics Competency Assessment Form: Non-Testing Personnel (QDNQA336)
- Quest Diagnostics Policy for Authorization Personnel (QDNQA739)
- Quest Diagnostics Policy for Delegation of Responsibilities (QDNQA738)
- Quest Diagnostics Policy for Training Verification (QDNQA736)
- Medical Training Solutions (MTS), Laboratory procedure
- Competency Assessment Form for Field Ops (AG.F352)
- Competency Assessment Form for Technical Staff (AG.F392)

## 10. REFERENCES

1. Clinical Laboratory Standards Institute (CLSI). Training and Competence Assessment Approved Guideline, GP21-A3. Wayne, PA.
2. Code of Federal Regulations CLIA Public Health 42 CFR Part 493
3. College of American Pathologists Commission of Laboratory Accreditation Checklist. Laboratory General Checklist, Northfield, IL: College of American Pathologists, current version.
4. New York State Department of Health Clinical Laboratory Standards of Practice

## 11. DOCUMENT HISTORY

| Version | Date    | Revision<br>(Immediate retired and prior two versions)   | Revised By                |
|---------|---------|--|---------------------------|
| 2       | 4/25/17 | <ul style="list-style-type: none"> <li>• Updated entire document:                             <ul style="list-style-type: none"> <li>• To include MediaLab for electronic documentation of competency</li> <li>• Included changes to the Policy for Delegation of Responsibilities</li> <li>• Included changes to the Policy for Training Verification.</li> </ul> </li> </ul> | K. Grimes/<br>G. Troutman |
| 2       | 7/5/17  | Remove references to MediaLab throughout<br>Page 1: Add Local Effective Date message<br>2: Add note for local departments<br>6.1: Add local process for quiz<br>6.2: Include Test System<br>6.3: Add note for local forms<br>9: Add local SOP and forms  | L Barrett                 |
|         |         |  |                           |

## 12. APPENDICES

| Appendices | Title            |
|------------|------------------|
| 1          | Assessment Tools |
|            |                  |

## APPENDIX A

### ASSESSMENT TOOLS

Common methods used to assess learning comprehension include, but are not limited to:

#### 1. **Problem Solving Skills**

- a. Evaluation of responses to situational problems or calculations related to a procedure - Using this approach, the employee's written or verbal responses to a specified situation are evaluated. This tool can be used to measure an employee's ability to resolve procedural problems, perform calculations related to a specific procedure, or take appropriate actions consistent with laboratory policies
- b. Administration of a Written Test - Written tests can be used when verification of an employee's knowledge is desired. This tool can assess knowledge of all testing phases and can evaluate understanding of theory or principle, problem-solving ability or decision-making processes. All employees can be assessed with the same questions. However, this tool does not emulate actual working conditions and time must be allocated for test development and compilation of results.

2. **Observation of performance** - The supervisor, Assessor or other reviewer observes the employee performing a specific activity and documents performance using a checklist or descriptive document.

3. **Testing blind specimens** - When using this tool, the employee is not aware that the blind specimens are submitted. This assessment method provides a reliable measure of routine performance and can identify problems in the pre-analytic, analytic and post-analytic phases.

4. **Testing previously analyzed specimens** - This tool is limited to an assessment of the analytic testing phase. Replicate testing of previously tested patient specimens or proficiency testing specimens for which results have been reported provides verification of training for the analytic process.

5. **Verbal Queries** - Oral questions and responses are used to evaluate specific knowledge about a procedure. Phrasing of questions must be managed to avoid ambiguity.



## COMPETENCY ASSESSMENT RECORD REVIEW CHECKLIST

|                       |  |                                  |                                 |                                 |                                       |  |  |
|-----------------------|--|----------------------------------|---------------------------------|---------------------------------|---------------------------------------|--|--|
| <b>Employee Name:</b> |  |                                  |                                 | <b>Employee ID:</b>             |                                       |  |  |
| <b>Module:</b>        |  |                                  |                                 | <b>Date:</b>                    |                                       |  |  |
| <b>Interval:</b>      | <input type="checkbox"/> New employee/test | <input type="checkbox"/> 6 month | <input type="checkbox"/> 1 Year | <input type="checkbox"/> Annual | <input type="checkbox"/> Reassessment |  |  |

| Records Reviewed: | ID or Date | Acceptable? |    |     |
|-------------------|------------|-------------|----|-----|
|                   |            | YES         | NO | N/A |
|                   |            |             |    |     |
|                   |            |             |    |     |
|                   |            |             |    |     |
|                   |            |             |    |     |
|                   |            |             |    |     |
|                   |            |             |    |     |
|                   |            |             |    |     |
|                   |            |             |    |     |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Assessment:

- Employee demonstrates competency
- Minor deviations reviewed. Employee demonstrates competency. (Document corrective actions below).
- Remedial training required. Employee can not perform test until retraining is complete. Review employee's previous work to see if patient results were affected.

Supervisor/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

**Minor Deviations:**

| Step # | Comment | Employee Initial |
|--------|---------|------------------|
|        |         |                  |
|        |         |                  |

### COMPETENCY ASSESSMENT for [insert section/bench]

|                               |                                  |                                 |                                 |                                       |  |
|-------------------------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------------|--|
| <b>Employee (print name):</b> |                                  | <b>Employee ID:</b>             |                                 |                                       |  |
| <b>Department:</b>            | <b>Position:</b>                 |                                 |                                 | <b>Year:</b>                          |  |
| <b>Interval:</b>              | <input type="checkbox"/> 6 month | <input type="checkbox"/> 1 Year | <input type="checkbox"/> Annual | <input type="checkbox"/> Reassessment |  |

Instructions: Assess the competency of the employee using each of the elements specified below. For the assessed test system, the assessor's response will indicate if performance is **Satisfactory (S)**, **Unacceptable\* (U)**, or **Not Applicable (NA)**. Attach documentation as applicable.

| Required Element   | add system/test  |  |  |  |  |
|--|--|--|--|--|--|
| Direct observation of routine patient test performance, including as applicable, patient identification and preparation; specimen collection, handling, processing and testing. Note: Includes compliance with all applicable safety protocols. <b>(Evidence = FIN # &amp; Date)</b> | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: |
| Monitoring the recording and reporting of test results, including as applicable, reporting critical results. <b>(Evidence = FIN &amp; Date)</b>  | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: |
| Review of quality control records, proficiency testing results, and preventive maintenance records.<br>NOTE: Includes compliance with the Documentation Technique Policy. <b>(Evidence = Date)</b>   | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: |
| Direct observation of performance of instrument maintenance and function checks. <b>(Evidence = Date)</b>  | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: |
| Assessment of performance through testing previously analyzed specimens, internal blind testing samples, or external proficiency samples.<br><b>(Evidence = FIN &amp; Date)</b>  | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: |
| Evaluation of problem solving skills.<br><b>(Evidence = Response to Questions on Sheet)</b>  | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: | Evidence:<br><br>Evaluation: S, U*, NA<br>Assessor:<br>Date: |

Employee signature: \_\_\_\_\_  
Laboratory Director or Delegated Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**Problem Solving Skill Questions:**

[insert section/bench]

insert system/test:

|  |  |
|--|--|
|  |  |
|  |  |

insert system/test:

|  |  |
|--|--|
|  |  |
|  |  |

insert system/test:

|  |  |
|--|--|
|  |  |
|  |  |

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Action taken for unsatisfactory responses: \_\_\_\_\_

Laboratory Director or Delegated Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_