** HBL ANNUAL COMPETENCY FORM**

Year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Test system name** |  | | Developed by (Name) | |  | |
| **Tech name** |  | Lab/Dept |  | Date | |  |
| **Grading** | | | | | | |
| Written section | Pass  (≥ 80% correct) |  | Fail  (<80% correct) |  | | |
| Competency graded by  (Grader initials) |  | Date |  | Score | |  |
| Corrective Action  (if applicable) |  | Reviewed with associate by |  | Date | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency Evaluation Documentation\*** | **DO** | | **Record Review** | | | | **PS** | | **BS** | |
| **Results** | | **QC, PT, PM** | |
| **Demonstrates skill appropriately? Note what function observed or record reviewed below**  **(include evaluator initials and date)** | | | | | | | | | |
| **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** | **Y** | **N** |
| Sample requirements and preparation (Required in DO) |  | |  | |  | |  | |  | |
| Control requirements |  | |  | |  | |  | |  | |
| Calibration requirements |  | |  | |  | |  | |  | |
| Maintenance (Required in DO; if applicable) |  | |  | |  | |  | |  | |
| Operation (Required in DO) |  | |  | |  | |  | |  | |
| Troubleshooting |  | |  | |  | |  | |  | |
| Result reporting |  | |  | |  | |  | |  | |
| Calculations (If applicable) |  | |  | |  | |  | |  | |
| Changing reagents (If applicable) |  | |  | |  | |  | |  | |
| Understands test methodology and clinical significant |  | |  | |  | |  | |  | |
| Unknown sample (BS, PT) |  | |  | |  | |  | |  | |

\*DO = Direct Observation; BS = Blind Sample; PS = Problem Solving Skills and Knowledge. Direct observation should include some maintenance components when possible. Record review of results includes review of intermediate test results (to include worksheets or logs; if applicable) and final test results and critical results (if applicable). Record review of QC, PT, PM includes documentation of proper performance of these tasks and proper documentation of completion. Blind samples may include proficiency testing completion. All 5 categories are to be included for each test system’s competency.

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| **Associate Review of Assessment** | |
| Comments: | |
| Associate Signature: | Date: |