

Ohio Department of Health Laboratory <i>Initial Training Form</i>		Trainee	(print)
Assay/Method		Trainer(s)	(print)

	Checklist (include supporting documentation)	Date of Training (as applicable)
1	Principles of the procedure (including review of SOP)	
2	Precautions/safety practices	
3	Specimen collection, labeling, handling, & storage requirements/rejection criteria	
4	LIMS specimen data entry	
5	Components of kit/reagents & storage/expiration requirements	
6	Maintenance/equipment requirements	
7	Calibration/calibration verification	
8	Quality control requirements	
9	Test procedure(s)	
10	Interpretation of test results	
11	Method limitations/troubleshooting	
12	Reporting of test results (including panic values)	
13	Specimen/record retention	
14	Assessment of competency (i.e., testing of challenge specimens)	

Signatures/Dates:

Trainee: _____/_____

Supervisor: _____/_____

Trainer: _____/_____

Lab Director: _____/_____

