

OHIO DEPARTMENT OF HEALTH LABORATORY  
SIX MONTH and ANNUAL COMPETENCY FORM

<b>LAB SECTION</b> _____  <b>EMPLOYEE:</b> _____  <b>SIX MONTH or ANNUAL:</b> _____  Page _____ of _____	Receives and Processes Specimens Properly (Met, Not Met, or N/A)	Performs Assay per Test Protocol (Met, Not Met or N/A)	Completes QC Records (Met, Not Met, or N/A)	Records and Reports Results Accurately (Met, Not Met or N/A)	Accurately Performs Instrument Maintenance (Met, Not Met or N/A)	Assessment of Test Performance (Met, Not Met or N/A)	Adheres to Safety Requirements (Met, Not Met or N/A)	Assessment of Problem Solving
<b>Available Tools Used for Assessment*</b>	DO	DO; SOP Review	QC, PT, MN Records	DO; Test Report	DO; MN Records	IBT, PT Records	DO; Audit Records	Quiz; VA Reports
<b>Method/Instrument:</b>								
<b>Date:</b> _____ <b>Evaluator (initials):</b> _____								
<b>Additional information: Cite compliance documentation; list observed deficiencies &amp;/or action plan for additional training</b>								
<b>Method/Instrument:</b>								
<b>Date:</b> _____ <b>Evaluator (initials):</b> _____								
<b>Additional information: Cite compliance documentation; list observed deficiencies &amp;/or action plan for additional training</b>								

\* DO = evaluator's direct observation of performance of assay; QC = evaluator's review of quality control records; PT = evaluator's review of proficiency testing performance; MN = evaluator's review of equipment maintenance records; IBT = internal blind testing by employee (should only be used if PT testing not available and attach documentation); VA = variance (includes participation in RFRA or PT corrective action investigation)

Employee:

Date:

Supervisor:

Date:

