**MEDIALAB IQE STAFF TRAINING CHECKLIST**

ADMINISTRATION DEPARTMENT

Training Checklist

X ORIENTATION & COMPETENCY □ STUDENT TRAINING □RETRAINING



Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **PROCEDURE/POLICY/TECHNIQUE** | CHECK IF  NOT APPLICABLE | APPLICABLE POLICY OR PROCEDURE | PERFORMED/  OBSERVED  YES/NO | TRAINEE  INITIALS | TRAINED BY  INITIALS | DATE |
| --- | --- | --- | --- | --- | --- | --- |
| **Signing into MediaLab** |  | AD02-025 | Observed |  |  |  |
| **Locating the IQE Icon/Drop down tab** |  | AD02-025 | Observed |  |  |  |
| **Record a new event link** |  | AD02-025 | Observed |  |  |  |
| **Selecting Correct Form (BB/ DDR)** |  | AD02-025 | Observed |  |  |  |
| **Completing form** |  | AD02-025 | Observed |  |  |  |
| **Received copy of powerpoint slides** |  | AD02-025 | Observed |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **COMPETENCY ASSESSMENT**  Complete the following table for all testing personnel.  \*Assessment Method:  IM – INSTRUMENT MAINTENANCE WR – WRITTEN ASSESSMENT SR – SUPERVISOR REVIEW  **DO – DIRECT OBSERVATION** PT – PROFICIENCY TESTING (EXTERNAL CAP) IS – INTERNAL SAMPLE  PS – PROBLEM SOLVING ASSESSMENT QC – MONITORING QC DOCUMENTATION | | | | | | | | | | | | | | |
|  |  | **ORIENTATION** | | | | **6 MONTH COMPETENCY** | | | | **SECOND 6 MONTH COMPETENCY**  **NA** | | | |
|  | **CHECK IF TEST NOT APPLICABLE** | ASSESSMENT METHOD\* | COMPETENCY VALIDATED? Y/N | VALIDATION DATE | INITIALS | ASSESSMENT METHOD\* | COMPETENCY VALIDATED? Y/N | VALIDATION DATE | INITIALS | ASSESSMENT METHOD\* | COMPETENCY VALIDATED? Y/N | VALIDATION DATE | INITIALS |
| * ENTERED DDR/OCCURRENCE |  | **DO/SR** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **NA** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Note: 6-month competency assessment is not applicable.**

**ORIENTATION / RETRAINING / COMPETENCY COMPLETION**

Date orientation/retraining/competency completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Satisfactory?  Yes  No

Comments

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**The employee signature below indicates that the employee fully understands and is accountable for all of the procedures/policies/techniques in this form, which are detailed in the Training Manual and is responsible for the proper performance of all the tests and activities defined**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYEE SIGNATURE:** |  |  | **DATE:** |  |
| **SUPERVISOR’S SIGNATURE:** |  |  | **DATE:** |  |
| **QA MANAGER/ ADMIN DIRECTOR’S SIGNATURE:** |  |  | **DATE:** |  |