



# Competency Assessment - Testing Personnel Form

Year \_\_\_\_\_

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_ Initial  6-month  12-month  Annual

Element	List Applicable Test Systems	ADVANTUS	IRIS	URINE MICRO	URINE EOS	ICTOTEST	STWBC	STBLD	GOCBL	Guidel HCG	Wet Mount
		Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials
1	Observe Patient ID/Prep										
1	Observe Specimen Collection	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1	Observe Handling/Processing						NA	NA	NA		
1	Observe Testing										
2	Reporting Criticals			NA	NA	NA	NA	NA	NA	NA	NA
2	Reporting Normals										
3	Review Intermediate Test Results										
3	Review Quality Control			NA							
3	Review Preventative Maintenance	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
3	Review Proficiency Testing										
4	Observe Instrument Maintenance			NA	NA	NA	NA	NA	NA	NA	NA
5	Assess Proficiency Testing										
	Assess Previously Analyzed Specimens										
6	Evaluate Problem Solving	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS
<b>Proven Competent Yes/No</b>											

I have had the opportunity to review and ask questions about policies and procedures related to equipment and testing above.

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

This employee is deemed to be competent to perform unsupervised patient testing in the above test systems.

Director/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Improvement Plan:** This employee needs additional training and is restricted from performing patient testing unsupervised. Action Plan and timeline for follow-up are listed below.

Failed Test System	Required Completion Date	Procedure Discussed	Practiced with Known	Direct Observation of Testing	Other Actions as Described	Proven Competent Yes/No
	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials

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

Director/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Element	List Applicable Test Systems	Hemacytomete	Fluid Diff	Crystals	Sed Rate	INFER	EXSP	EOSM	MONO	XN	AEROSPRAY
		Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials
1	Observe Patient ID/Prep										
1	Observe Specimen Collection	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1	Observe Handling/Processing										
1	Observe Testing										
2	Reporting Criticals			NA	NA	NA	NA	NA	NA		NA
2	Reporting Normals										
3	Review Intermediate Test Results										
3	Review Quality Control					NA	NA	NA			
3	Review Preventative Maintenance	NA	NA	NA	NA	NA	NA	NA	NA		
3	Review Proficiency Testing										NA
4	Observe Instrument Maintenance					NA	NA	NA	NA		
5	Assess Proficiency Testing										NA
	Assess Previously Analyzed Specimens										NA
6	Evaluate Problem Solving	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS
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	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials

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

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Element	List Applicable Test Systems	XN Body Fluid	Man. Diff	Gram Stain	CA1500	PFA	RSV	Flu	Strep	Cytospin	Sickle Cell
		Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials
1	Observe Patient ID/Prep										
1	Observe Specimen Collection	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1	Observe Handling/Processing										
1	Observe Testing										
2	Reporting Criticals					NA	NA	NA	NA	NA	NA
2	Reporting Normals										
3	Review Intermediate Test Results										
3	Review Quality Control										
3	Review Preventative Maintenance			NA			NA	NA	NA	NA	NA
3	Review Proficiency Testing										
4	Observe Instrument Maintenance			NA			NA		NA		NA
5	Assess Proficiency Testing										
	Assess Previously Analyzed Specimens										
6	Evaluate Problem Solving										
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	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials

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

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Element	List Applicable Test Systems	ABL	EXL	FFN	miniVidas	BHB Meter	iStat	HIV	Osmometer	Centaur CP		
		Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials
1	Observe Patient ID/Prep											
1	Observe Specimen Collection	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
1	Observe Handling/Processing											
1	Observe Testing											
2	Reporting Criticals			NA	NA	NA		NA	NA	NA	NA	
2	Reporting Normals											
3	Review Intermediate Test Results											
3	Review Quality Control											
3	Review Preventative Maintenance											
3	Review Proficiency Testing											
4	Observe Instrument Maintenance							NA				
5	Assess Proficiency Testing											
	Assess Previously Analyzed Specimens											
6	Evaluate Problem Solving	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS	MTS	
<b>Proven Competent Yes/No</b>												

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	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials	Date & Initials

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

Director/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

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