UNIT: ______________________________

COMPETENCY ASSESSMENT 201_

Laboratory: _______________________ Employee Name: ____________________ Supervisor: _________________

Each procedure must be assessed using all 6 methods in page footer

Procedure	Date Assessed (1)	Method/ Parameter, if applicable	Satisfactory Completion?		Assessed by:	Date Assessment Reviewed With Employee	Date Assessed (2)	Method/ Parameter, if applicable	Satisfactory Completion?		Assessed by:	Date Assessment Reviewed With Employee
			Yes	No*					Yes	No*		
NAME												
Training completion date:												
________												
NAME												
Training completion date:												
________												
NAME												
Training completion date:												
________												

OP – direct observation of patient testing

OM – direct observation of instrument maintenance/function checks

R – record review (include results, QC, PT, maintenance)

M – monitoring recording and reporting of test results

T – testing of blind samples, PT, or previously testing samples

P – problem solving skills

UNIT: ______________________________

COMPETENCY ASSESSMENT 201_

Laboratory: _______________________ Employee Name: ____________________ Supervisor: _________________

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Laboratory: _____ Employee Name: _____ Supervisor: _____

* Corrective Action		
Comments:		
Employee Signature:		Date:
Supervisor Signature:		Date:

Instructions for Using Form:

1. Record name of each procedure/test/instrument for which competency will be assessed.
2. Record date that training was completed.
3. Use first set of columns (1) for first competency assessment within the year. If tech was trained in latter part of previous year, first competency will be at 6 months from training. A second competency 1 year from training will be in the second (2) set of columns.
4. For each procedure/test/instrument competency assessment, perform and document each of the following parameters: OP, OM, R, M, T, P (see legend in page footer)
5. If assessment is not satisfactory, corrective action such as retraining must occur (document above) and reassessment.
6. Review with employee at end of year and get final sign offs.

This is a summary review sheet. Documentation of assessments must be kept with this summary sheet.