**Facility / Department: Competency Assessment Form**

SOP: **Title (SOP #, version #)**

Employee's Name:Date of Completed Assessment:

Assessor’s Name:Date Next Assessment Due:

**Assessment Type:**

Initial Competency Follow-up Competency Annual Competency Retraining Assessment

**AREAS OF ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test Phase** | **Procedure / Step** | **Date** | **Employee Initials** | **Assessor Initials** |
|  | Read & Understands SOP |  |  |  |
| Reviewed Risk Assessment for this procedure |  |  |  |
| Documentation (including LIMS) Training completed and documented. |  |  |  |
| **Pre-analytic** |  |  |  |  |
| Specimen Safety |  |  |  |  |
| Specimen Handling |  |  |  |  |
| Demographics entry |  |  |  |  |
| \*\*Any additional steps relevant to this method |  |  |  |  |
| **Analytic** |  |  |  |  |
| Instruments |  |  |  |  |
| Reagents |  |  |  |  |
| Critical Steps |  |  |  |  |
| Safety |  |  |  |  |
| Quality Control |  |  |  |  |
| \*\*Any additional steps relevant to this method |  |  |  |  |
| **Post-analytic** |  |  |  |  |
| Data Analysis |  |  |  |  |
| Results Entry in Record Keeping System (LIMS) |  |  |  |  |
| \*\*Any additional steps relevant to this method |  |  |  |  |
| Result Review & Release in LIMS |  |  |  |  |
| QA monitoring |  |  |  |  |
| Biosecurity |  |  |  |  |

**Quiz** (Must answer correctly for successful competency assessment)

1. Pre-analytical – Principle behind test procedure.

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2. Pre-analytical – Specimen preparation

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3. Analytical

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4. Analytical

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5. Analytical

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6. Post-Analytical

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7. Post-analytical

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8. Safety

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9. Safety

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10. Problem Solving situation

**SCORE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PASS / FAIL ASSESSOR’S Initials: \_\_\_\_\_\_\_\_**

**Were any incorrect responses reviewed with the employee? YES / NO / Not applicable**

**COMPETENCY RESULTS.**

Employee has been **directly observed** while routinely performing specimen preparation, testing, and performing applicable instrument maintenance and function checks (*Areas of Assessment*). *If N/A, check here:*

**Problem-solving skills** were assessed and are acceptable (*Quiz*).

Employee is correctly **recording and reporting test results, including critical results**. *If N/A, check here:*

Intermediate test results, quality control records, proficiency testing results, and preventative maintenance results have been verified for this employee. *If N/A, check here*:

**PROFICIENCY TEST RESULTS.**

Employee has completed an external PT / internal assessment consisting of 5 specimens during this calendar year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Proficiency Test Name** |  | | |
| **Date Performed** |  | **Score** |  |

\*Attach results if internal assessment performed for this competency, otherwise indicate PT event.

**AUTHORITIES GRANTED BY THE LABORATORY DIRECTOR**

* **This employee is authorized to perform** (*check all that apply*):

Pre-analytic processes Analytic processes Post-analytic processes Results review only

* **Supervision is required for** (*check all that apply*):

Specimen Processing Test Performance Results Reporting *None Required*

* **This employee is qualified by training & experience in the following role(s)** (*check all that apply*):

Testing Personnel General Supervisor Technical Supervisor

* **Supervisory / Section director review** ***is*** ***is not*** required for release of test results.

***The authorities indicated above are granted by signature***

***of the FACILITY Laboratory Director***

***on the* Authorization Form *cover page of this assessment.***