**Facility / Department: BRM Competency Assessment Form**

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

Employee's Name:Date of Completed Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor’s Name:Date Next Assessment Due:

**Assessment Type:**

ÿ Initial Competency ÿ Follow-up Competency ÿ Annual Competency ÿ Retraining Assessment

**AREAS OF ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedure / Step** | **Date** | **Employee Initials** | **Assessor Initials** |
| Read & Understands Program, Policy, and Procedures   * List relevant documents here |  |  |  |
| **Response Steps** |  |  |  |
| * Performs step 1 |  |  |  |
| * Performs step 2 |  |  |  |
| * Performs step 3 |  |  |  |
| * Repeat until full Response listed |  |  |  |
| **Communication** |  |  |  |
| * Understands emergency contacts |  |  |  |
| * Understands hazard and warning signage information |  |  |  |
| * Any additional BRM communication requirements |  |  |  |
| **Materials** |  |  |  |
| * Understands location of safety materials (e.g., spill kits, first aid) |  |  |  |
| * Properly uses materials safety materials |  |  |  |
| * Notifies appropriate personnel of depleted kits |  |  |  |
| * Check kits monthly, initial/date tags |  |  |  |
| * Any additional BRM communication requirements |  |  |  |

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

1. Policy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Procedure

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3. Communication

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4. Communication

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5. Signage

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6. Hazards

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7. Material usage

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8. General Safety

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9. General Safety

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 performing procedure(s)

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

**AUTHORITIES GRANTED BY THE LABORATORY DIRECTOR**

* **This employee is considered competent and authorized to perform this procedure.**

ÿ YES ÿ NO\* \**must complete a follow-up competency assessment.*

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

ÿ Competent Staff ÿ Trainer ÿ Approved to assess the competency of others.

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

***of the FACILITY Position***

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