**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

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

3. Communication

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

4. Communication

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

5. Signage

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

6. Hazards

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

7. Material usage

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

8. General Safety

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

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.***