FACILITY Employee Training Plan

For

Full Name Here

Position Title Here (Technologist, Supervisor etc.)

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[Supervisor Name]

Supervisor, [Your] Department

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department Manager

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training Element | Responsibility | Schedule | Employee Sig/Date | Trainer Sig/Date |
| **GENERAL ORIENTATION** | | | | |
| New Hire Orientation | Biological safety officer | Day 1 | *(Documented on document name, maintained in location)* | |
| Overview of Department | Supervisor, eg | Day 1 |
| Department walk-through |  | Day 1 |
| Check Keycard Access |  | Day 1 |
| Facility Organization Chart |  | Day 1 |
| Computer Log-in |  | Week 1 |
| Email account |  | Week 1 |
| Payroll Access |  | Week 1 |
| Desk Assigned |  | Day 1 |
| Building Walk-through |  | Week 1 |
| Attendance Requirements |  | Week 1 |
| Computer file navigation |  | Week 2 |
| Tour all Departments |  | Month 1 |  |  |
| Any additional general orientation |  |  |  |  |
| **LABORATORY ORIENTATION** | | | | |
| Security Plan |  | Week 1 | *Documented in location* | |
| Emergency Response Plan |  | Week 1 |
| Chemical Hygiene Plan |  | Week 1 |
| Biosafety Plan |  | Week 1 |
| Safety Seminar |  | Week 1-2 |
| Biosafety/BBP Training |  | Week 2 |  |  |
| BSC Training |  | Week 2 |  |  |
| Chemical Safety training |  | Week 2 |  |  |
| Training Element | Responsibility | Schedule | Employee Sig/Date | Trainer Sig/Date |
| Visual Color Discrimination |  | Week 2 |  |  |
| Patient and Individual Privacy Protection Online courses |  | Week 2 |  |  |
| LIMS access |  | Week 2 |  |  |
| Laboratory Safety Walk-through |  | Week 2 |  |  |
| Read QA Plan |  | Week 2 |  |  |
| Read Department QA Plan |  | Week 2 |  |  |
| Supply Receipt |  | Week 2 |  |  |
| Equipment Maintenance Program |  | Week 2 |  |  |
| Laboratory Water System |  | Week 2 |  |  |
| Section Workflow |  | Week 2 |  |  |
| Decontamination |  | Week 2 |  |  |
| Media Preparation |  | Week 2 |  |  |
| Document Control |  | Week 2 |  |  |
| Any additional laboratory orientation |  |  |  |  |
| **JOB – RELATED TRAINING** | | | | |
| Specimen Retention Times |  | Month 1 |  |  |
| Temperature Recording Procedures |  | Month 1 |  |  |
| Regulated Assay Turn-Around-Time Policy |  | Month 1 |  |  |
| Training Element | Responsibility | Schedule | Employee Sig/Date | Trainer Sig/Date |
| QA Task List Requirements |  | Month 1 |  |  |
| Disinfectant Log |  | Month 1 |  |  |
| Supply Ordering and receiving |  | Month 1 |  |  |
| Autoclave / Glass Wash Procedures |  | Month 1 |  |  |
| Safety Shower & Eyewash Weekly Testing |  | Month 1 |  |  |
| Lab Coat Laundry |  | Month 1 |  |  |
| Fire Extinguisher Check |  | Month 1 |  |  |
| Biohazard Trash / Sharps Bucket Disposal |  | Month 1 |  |  |
| Eyewash Checks |  | Month 1 |  |  |
| Equipment Wipe Down |  | Month 1 |  |  |
| Supply Check |  | Month 1 |  |  |
| User Log Checks |  | Month 1 |  |  |
| (Add specific equipment SOPs depending on job duties) |  |  |  |  |
| **ASSAY PROCEDURAL TRAINING (SOPs)** | | | | |
| (Assay) Basic |  | Month 1 |  |  |
| (Assay) Intermediate |  | Month 1 |  |  |
| (Assay) Advanced |  | Month 2 |  |  |
| (Assay) Data Analysis |  | Month 1-2 |  |  |
| (Assay) Data Entry |  | Month 1-2 |  |  |
| (Assay) Reporting |  | Month 2 |  |  |
| (Assay) Competency |  |  |  |  |
| LIMS Overview |  |  |  |  |
| LIMS Log-in |  |  |  |  |
| LIMS Data Entry |  |  |  |  |
| Any additional assay procedural training needs |  |  |  |  |

**= mandatory = as applicable = change according to Section assays**