

### LABORATORY COMPETENCY ASSESSMENT

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE ASSESSMENT BEGAN: \_\_\_\_\_ ASSESSMENT COMPLETION: \_\_\_\_\_ NEXT ASSESSMENT \_\_\_\_\_

CODE: O=observed I=performed with supervision C=competent R=retraining required D=discussed NA

Note: This assessment form is to be completed on initial training, at 6 months, and then annually.

CRITICAL TASK	Initial Self-Assessment Date / Tech	Initial Assessment Date / Evaluator	Update Assessment Date / ID	Update Assessment Date / ID
<b>GENERAL LABORATORY FUNCTIONS</b>				
Familiar with the Laboratory Submission Manual				
Familiar with Laboratory Policy's (Safety, Infection Control, PPE, etc.)				
Familiar with CHCS Functions / Transmittal lists				
Specimen Processing / ID Verification				
Specimen Rejection Procedures				
Resulting Error / Corrective Action Procedures				
i-STAT Usage / Testing				
Piccolo Usage / Testing				
Act10: QC, Calibration				
Act10: Maintenance				
Act10: Patient runs				
Urine Microscopies				
Urine / Serum HCG: QC and Patients				
Critical Values/Action				

**DACH LABORATORY COMPETENCY ASSESSMENT FOR CLINIC TECHS**

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE ASSESSMENT BEGAN: \_\_\_\_\_

ASSESSMENT COMPLETION: \_\_\_\_\_

CODE: O=observed I=performed with supervision C=competent R=retraining required D=discussed NA

CRITICAL TASK	Initial Self-Assessment Date / Tech	Initial Assessment Date / Evaluator	Update Assessment Date / ID
<b>MICROBIOLOGY:</b>			
Wet Mounts / KOH's			
Occult Bloods			
<b>HISTOLOGY / CYTOLOGY</b>			
Proper Specimen Handling / Submission			
<b>BLOOD BANK / SEROLOGY</b>			
Proper Specimen Handling / Submission			
Mononucleosis Testing			
<b>PHLEBOTOMY</b>			
Familiar with proper phlebotomy technique and procedures in Clinic SOP's			
Phlebotomy skills			