

Competency Assessment for Clinical Laboratory Personnel

Laboratory Name: _____

This form certifies that the employee named below has the skills, knowledge and experience to perform the test listed below. Employee

Name: _____

Test/Manufacturer/Instrument: _____

Test Complexity: Moderate High Competency Assessment performed at: 6 months Annual Test System Change

	Meets Standards?		Meets Standards?
SPECIMEN		TROUBLESHOOTING	
Collection	Y / N / NA	Specimen Referral	Y / N / NA
Identification	Y / N / NA	Instrument Calibration	Y / N / NA
Processing	Y / N / NA	Instrument Maintenance	Y / N / NA
Rejection Criteria	Y / N / NA	Problem Identification	Y / N / NA
REAGENTS		PACKAGE INSERT/WRITTEN PROCEDURE	
Storage	Y / N / NA	Reviewed	Y / N / NA
Stability	Y / N / NA	Interpretation of Results	Y / N / NA
Preparation	Y / N / NA	PROFICIENCY TESTING	
Disposal	Y / N / NA	Scheduling	Y / N / NA
QUALITY CONTROL		Handling	Y / N / NA
Materials Used	Y / N / NA	Testing	Y / N / NA
Frequency	Y / N / NA	Reporting	Y / N / NA
Documentation	Y / N / NA	Evaluation	Y / N / NA
Corrective Action	Y / N / NA		

By signing below, the assessor and employee certify that the following evaluations were completed: 1) direct observation of test performance; 2) monitoring of recording and reporting of results; 3) review of intermediate test results or worksheets, QC, PT and PM records; 4) direct observation of instrument maintenance and function checks; 5) assessment of test performance through external proficiency testing; and 6) assessment of problem solving skills.

Employee Signature: _____ Date: _____

Assessed By: _____ Date: _____

Assessor must meet qualification requirements for Technical Consultant/Supervisor

