

GC CULTURE CONFIRMATION - COMPETENCY ASSESSMENT FORM

Competency Category	Required Competencies	Specific Observations on Competencies	Y/N	Date	Reviewer's Initials
Direct Observation of test performance: Pre-analytic and Analytic	<input type="checkbox"/> Sample requirements: plates and documentation are acceptable and complete. <input type="checkbox"/> Equipment, reagents: loops, suspension media, James and ZymeB. <input type="checkbox"/> Step by step procedure: picking colonies, suspension, inoculating test strip, adding reagents. <input type="checkbox"/> Result interpretation	^Observed step by step procedure utilizing API NH Strip Test kit materials and procedure.. ^All equipment was set up in an orderly manner. ^All reagents were brought to appropriate temperature and in use dates were verified. ^All color interpretations were completed accurately with accommodating coding.	Y	1/2/2016	JA
Monitor test result recording and reporting	<input type="checkbox"/> Transcription of results <input type="checkbox"/> Forwarding of results <input type="checkbox"/> Timeliness of above <input type="checkbox"/> Follows Critical Value procedure	Verified transcription of results from worksheet to log book. Additionally verified results from prior 5 days of testing from log book to InSync reporting system. All information was appropriate and communication of positive results were recorded in InSync.	Y	1/15/2016	JA
Review of worksheets, QC, PT & maintenance records	<input type="checkbox"/> Completes records as required <input type="checkbox"/> Appropriate frequency intervals <input type="checkbox"/> Dates & initials records <input type="checkbox"/> If needed, takes corrective action & documents it appropriately <input type="checkbox"/> Records are legible with appropriate corrections	^Reviewed Reagent log and verified that new materials were logged in correctly and were subsequently logged in when opened and discarded. ^All records were legible and in the appropriate locations. ^Records were dated and initialed as needed for the record type. ^No corrective actions were needed during the review period.	Y	3/1/2016	JA
Direct observation of instrument maintenance	<input type="checkbox"/> Knows performance specifications <input type="checkbox"/> Performs, as required <input type="checkbox"/> Perform function checks, as necessary <input type="checkbox"/> Documents, as required <input type="checkbox"/> Identifies corrective action, if needed	^Instruments for this test included a timer, incubator, refrigerator and thermometers. Function checks were recorded daily on the incubator and refrigerator and this technician performed the annual thermometer function check during this review cycle. All function checks were documented as needed for the particular item. The refrigerator required corrective action which was documented on the refrigerator daily monitoring log.	Y	3/17/2016	JA
Assessment of test performance (PT/blind)	<input type="checkbox"/> Agrees with control values <input type="checkbox"/> Analyst agreement (if parallel testing) <input type="checkbox"/> Achieves accuracy (GC vs. Not GC) <input type="checkbox"/> PT event successful	PT score of 100% was obtained on XX/XX/XXXX.	Y	2/19/2016	JA
Assessment of problem-solving skills	<input type="checkbox"/> Identifies problems <input type="checkbox"/> Corrects (if possible) <input type="checkbox"/> Reports/documents problems & problem resolution	A question regarding possible test kit contamination was identified and documented on an Incident Investigation Report (IIR). The form was completed in its entirety and signed by the lab director with corrections resolved and noted on the form.	Y	4/1/2016	JA

(Employee Name) Laboratory Technician has satisfactorily demonstrated competency Yes No

Reviewer's Comments:

Corrective Actions:

Reviewer's Name: James Ames Reviewers Signature: *James Ames* Date: 04/01/2016

TC Review: *Technical Consultant* Date: 04/01/2016

LD Review: Not applicable Date: Not applicable