

**GEM PREMIER 5000**  
**CLIA# 05D2205406 Location: ICU**

**Competency Assessment Record**

Initial Competency  Semi-annual Competency  Annual Competency (CY: \_\_\_\_\_)  Follow up

<b>Name:</b>	<b>Title:</b>		
<b>License Number:</b>	<b>Location:</b>		
I, _____ (Employee's Initials), have read and understand the applicable policy(ies) and procedure(s) and changes therein.			
	User Action	Observer	Competency Assessment Method
1	<input type="checkbox"/> Run a patient sample or a known sample as a patient. <u>OR</u> <input type="checkbox"/> Skills demonstration of routine patient test performance, including: patient preparation, specimen collection, handling, processing, and testing. <b>Attach record.</b> Date/time performed: _____ MRN: _____	User ran sample or demonstrated correctly.  Initials:	Directly observe test performance, including patient preparation, specimen handling, processing, and testing.
2	Review the results of a previously run sample (either a patient or a known sample)  Date reviewed: _____	Initials:	Monitor the recording and reporting of test results.
3			Review of intermediate test results or worksheets, QC records, PT results and preventive maintenance records.
4	<input type="checkbox"/> Perform checking instrument status, changing paper or cartridge replacement. <u>OR</u> <input type="checkbox"/> Skills demonstration of checking instrument status, change paper roll or cartridge replacement.  Date performed: _____	User performed or demonstrated correct procedure. Circle which maintenance task was done. Initials:	Directly observe performance of instrument maintenance, function checks and calibration.
5	Performance of PT or blind sample (GSE, or PCOM). ( <b>attach record if this is not the same sample as #1</b> )  Date and time performed: _____	User ran the sample correctly.  Initials:	Assess test performance using previously analyzed samples.
6	Score <b>100% on the written quiz</b> to demonstrate appropriate problem-solving skills.	100% answered correctly.  Initials:	Assessment of problem-solving skills.
(FOR INITIAL COMPETENCY or FOLLOW UP ONLY) <b>EMPLOYEE:</b> I feel competent in the competencies noted above: YES or NO I feel I need additional training with the following:			
<b>EMPLOYEE'S SIGNATURE:</b>			<b>DATE:</b>
<b>Technical Consultant Observer (Qualified with BS in chemical, physical or biological science or medical technology) with at least 2 years of Laboratory training, experience or both with specialty of chemistry or hematology testing) :</b> I have reviewed all six methods of competency and have determined that the employee is competent to work in these areas.			
<b>PRINTED NAME OF OBSERVER:</b> _____			<b>DATE:</b> _____
<b>SIGNATURE OF OBSERVER :</b> _____			

**GEM PREMIER 5000**  
**CLIA# 05D0716369 Location: ED**

**Competency Assessment Record**

Initial Competency  Semi-annual Competency  Annual Competency (CY: \_\_\_\_\_)  Follow up

<b>Name:</b> _____	<b>Title:</b> _____
<b>License Number:</b> _____	<b>Location:</b> _____

I, \_\_\_\_\_ (**Employee's Initials**), have read and understand the applicable policy(ies) and procedure(s) and changes therein.

	User Action	Observer	Competency Assessment Method
1	<input type="checkbox"/> Run a patient sample or a known sample as a patient. <u>OR</u> <input type="checkbox"/> Skills demonstration of routine patient test performance, including: patient preparation, specimen collection, handling, processing, and testing. <b>Attach record.</b> Date/time performed: _____ MRN: _____	User ran sample or demonstrated correctly.  Initials: _____	Directly observe test performance, including patient preparation, specimen handling, processing, and testing.
2	Review the results of a previously run sample (either a patient or a known sample)  Date reviewed: _____	Initials: _____	Monitor the recording and reporting of test results.
3			Review of intermediate test results or worksheets, QC records, PT results and preventive maintenance records.
4	<input type="checkbox"/> Perform checking instrument status, changing paper or cartridge replacement. <u>OR</u> <input type="checkbox"/> Skills demonstration of checking instrument status, change paper roll or cartridge replacement.  Date performed: _____	User performed or demonstrated correct procedure. Circle which maintenance task was done. Initials: _____	Directly observe performance of instrument maintenance, function checks and calibration.
5	Performance of PT or blind sample (GSE, or PCOM). ( <b>attach record if this is not the same sample as #1</b> )  Date and time performed: _____	User ran the sample correctly.  Initials: _____	Assess test performance using previously analyzed samples.
6	Score <b>100% on the written quiz</b> to demonstrate appropriate problem-solving skills.	100% answered correctly.  Initials: _____	Assessment of problem-solving skills.

(FOR INITIAL COMPETENCY or FOLLOW UP ONLY) **EMPLOYEE:** I feel competent in the competencies noted above: YES or NO  
 I feel I need additional training with the following:

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Technical Consultant Observer (Qualified with BS in chemical, physical or biological science or medical technology) with at least 2 years of Laboratory training, experience or both with specialty of chemistry or hematology testing) :** I have reviewed all six methods of competency and have determined that the employee is competent to work in these areas.

**PRINTED NAME OF OBSERVER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF OBSERVER:** \_\_\_\_\_