GEM Hemochron 100 (GH100) Low Range Activated Clotting Time

Competency Assessment Record

☐ Initial Competency ☐ Semi-annual Competency ☐ Annual Competency (CY:_____) ☐ Follow up

Name:	Title:
License Number:	Location:

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	☐ Run a patient sample or a known sample as a patient. OR ☐ Skills demonstration of routine patient test performance: patient preparation, specimen collection, handling, processing, and testing. Exact Date/time performed: _____ MRN: _____	User ran sample or demonstrated running a sample 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: _____	User understood how to monitor result reporting. Initials:	Monitor the recording and reporting of test results.
3	Review Quality Control (LQC) documentation. Date reviewed: _____	User understood how to review previous LQC results and when due. Initials:	Review of intermediate test results or worksheets, QC records, PT results and preventive maintenance records.
4	☐ Direct observation of EQC testing OR ☐Skills demonstration (looking up EQC results when ran automatically) Date performed: _____	User understood how to check instrument is in working order. Initials:	Directly observe performance of instrument maintenance, function checks and calibration.
5	Performance of PT (CAP survey) or blind sample (LQC). Type of sample (CAP or QC/Level): _____ Exact date and time performed: _____	User demonstrated an accurate result of a known sample. Initials:	Assess test performance using previously analyzed/known samples.
6	Score 100% on the written quiz 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 :