

**New York-Presbyterian Hospital / Columbia University Medical Center
DEPARTMENT OF CLINICAL LABORATORIES**

ANNUAL COMPETENCY ASSESSMENT CHECKLIST

Employee Name: **Test Employee**

Dept: **Laboratory**

Year:

Policy: **HR-9I**

Competency Assessment is used to ensure that the laboratory personnel are fulfilling their duties as required by the department and federal regulation.

Method of assessment:

- 1) direct observation;
- 2) observation for compliance with safety protocols;
- 3) periodic review of work product for compliance with standard operating procedures and applicable workload limits;
- 4) monitoring the recording and reporting of test results;
- 5) direct observation of performance of instrument maintenance and function checks;
- 6) assessment of test performance through testing of previously analyzed specimens, internal blind or external proficiency testing samples;
- 7) assessment of problem solving skills.
- 8) assessment of delegated functions

Evaluate the competency of staff for all tasks for which he/she is responsible. Indicate evaluation for each task as: YES (competent) or NO (not competent). Areas that the employee is not responsible will be marked NA (not applicable). If the staff is not competent, a corrective or remedial action should be initiated and documented and filed with this document.

Roche Analyzer		1) Direct Observation	2) Safety Compliance	3) Compliance w/ SOP	4) Review test results	5) Instrument Maintenance	6) Unknown/PT Samples	7) Problem Solving	8) Delegated functions	
<p><input type="checkbox"/> Check If Task Is Not Applicable</p> <p align="center">Assessed</p> <p>By: _____</p> <p>Date: _____</p>	Specimen requirements.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA If YES, date of event: _____ Accession #: _____	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NA If YES, date of event: _____ score: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Sample Handling and Stability	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Processing	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Measurement methodology	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Quality Control	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Reporting Results	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Reagent Handling and Storage	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Maintenance	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Delegated QC Review									<input type="checkbox"/> YES <input type="checkbox"/> NA
	Delegated Staff Training									<input type="checkbox"/> YES <input type="checkbox"/> NA
	Delegated Regulatory Tasks									<input type="checkbox"/> YES <input type="checkbox"/> NA
	Delegated Scheduling									<input type="checkbox"/> YES <input type="checkbox"/> NA
Radiometer ABL 800 Blood Gas Analyzer		1) Direct Observation	2) Safety Compliance	3) Compliance w/ SOP	4) Review test results	5) Instrument Maintenance	6) Unknown/PT Samples	7) Problem Solving	8) Delegated functions	
<p><input type="checkbox"/> Check If Task Is Not Applicable</p> <p align="center">Assessed</p> <p>By: _____</p> <p>Date: _____</p>	Specimen requirements.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NA If YES, date of event: _____ Accession #: _____	<input type="checkbox"/> YES <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NA If YES, date of event: _____ score: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Sample Handling and Stability	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Processing	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Measurement methodology	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Quality Control	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Reporting Results	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Reagent Handling and Storage	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Maintenance	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NA		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Delegated QC Review									<input type="checkbox"/> YES <input type="checkbox"/> NA
	Delegated Staff Training									<input type="checkbox"/> YES <input type="checkbox"/> NA
	Delegated Regulatory Tasks									<input type="checkbox"/> YES <input type="checkbox"/> NA
	Delegated Scheduling									<input type="checkbox"/> YES <input type="checkbox"/> NA
Miscellaneous Tasks		1) Direct Observation	2) Safety Compliance	3) Compliance w/ SOP	4) Review test results	5) Instrument Maintenance	6) Unknown/PT Samples	7) Problem Solving	8) Delegated functions	
Centrifuges	Operation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA	NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Pipettes	Operation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NA	NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

I have read the above competency assessment. I understand that by signing this statement, I agree that I have been trained in the areas noted in this assessment and I am approved to perform the tests/procedures independently. I also feel competent to perform this list of tests/procedures, and processes independently as indicated by the above assessment.

Employee Signature _____

Date _____

Employee Signature / Date _____

Supervisor Signature / Date _____