

Training & Competency Form

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Review History	Reviewed by:	G. Ditshego

Date: 08/08/2020 Type of Evaluation/Frequency: ☒ Training ☒ Competency

Employee Name: 10229 ☐ New Employee ☐ 6-Month ☐ Annual

Position/Title: Driver ☐ Re-training ☐ Other: _____

Training must include documentation of method: Verbal & Visual Instruction Successfully Completed or Performed the assay with little or no guidance.

Competency assessment may use one or more the following methods:

(OD) Direct Observation (EQ4) External Quality Assurance (E) Written Exam (O) Other –clarification required in comments.

Activity	Training	Evaluator	Date	Competency	Evaluator	Date	Comments
Orientation & Safety – Section is applicable to new employees only							
Received Facility Orientation	yes	No signature	08/08/20			08/08/20	
Completed Safety Training	yes	No signature	12/09/20			12/09/20	
Safety SOP's Read & Signed	yes	No signature	15/10/20			15/10/20	
Orientated to LAB location(s)	yes	No signature	15/07/20			15/07/20	
Oriented to Fire Extinguishers & Emergency Exits	yes	No signature	12/10/20			12/10/20	
Specimen Handling							
Specimen Handling SOP's Read & Signed ✓							