

Personnel Competency Review Form

Location/Dept: _____ Test: _____
Employee Name: _____ Employee Initials: _____
Prepared by: _____ Date: _____

Type of Process	Date	Performance/Comments
Director observation of routine patient test performance		
Direct observation of performance of maintenance & function checks		
Monitoring, recording and reporting of results		
Review of worksheets, QC, records, PT results		
Assessment of test performance through the testing previously tested samples, etc.		
Assessment of problem-solving skills		
Other:		

Evaluation of Competency: _____

Corrective action: _____

Follow-up/verification report: _____

Reviewed by: _____ Date: _____

Title: _____