

ATTACHMENT I – Annual Competency Checklist - Phlebotomist

Annual Competency Checklist

Position: Phlebotomist

Winnebago Mental Health Institute

1302 South Dr

Winnebago, WI 54985

Employee Name: _____

Year: _____

Non-Waived Testing Analyzer or Method	Direct Observation Of Routine Testing	Direct Observation Instrument Checks	Monitoring QC Performance	Monitoring Result Reporting	Problem Solving Skills	Blind Studies PT Testing
PHLEBOTOMY & PROCESSING						
<i>Sample Preparation</i>						
Date Observed						
Observer						
Results						
<i>Referred Testing</i>						
Date Observed						
Observer						
Results						

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Non-Waived Testing Analyzer or Method	Direct Observation Of Routine Testing	Direct Observation Instrument Checks	Monitoring QC Performance	Monitoring Result Reporting	Problem Solving Skills	Blind Studies PT Testing
<u>Venipuncture</u>						
Date Observed						
Observer						
Results						
<u>Capillary Puncture</u>						
Date Observed						
Observer						
Results						
INFECTION CONTROL						
<u>Hand Washing</u>						
Date Observed						
Observer						
Results						
<u>Waste Disposal</u>						
Date Observed						
Observer						
Results						

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Non-Waived Testing Analyzer or Method	Direct Observation Of Routine Testing	Direct Observation Instrument Checks	Monitoring QC Performance	Monitoring Result Reporting	Problem Solving Skills	Blind Studies PT Testing
<u>Work Area Cleaning</u>						
Date Observed						
Observer						
Results						
<u>Clean & Dirty Lab Coats</u>						
Date Observed						
Observer						
Results						
<u>Gloves</u>						
Date Observed						
Observer						
Results						
SAFETY						
<u>Fire Safety</u>						
Date Observed						
Observer						
Results						

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Non-Waived Testing Analyzer or Method	Direct Observation Of Routine Testing	Direct Observation Instrument Checks	Monitoring QC Performance	Monitoring Result Reporting	Problem Solving Skills	Blind Studies PT Testing
<i>Annual Safety Check Online</i>						
Date Observed						
Observer						
Results						
<i>Alarm Codes</i>						
Date Observed						
Observer						
Results						

I agree that I have the necessary skills and training to perform the job duties for which I was hired.

Signature_____

Date_____