10. WAIVED TESTING ANNUAL PERFORMANCE EVALUATION:
URINE PREGNANCY TEST EXAMPLE

Employee Name: ____________________________  Employee Number: ____________________________

If person above has been deemed a trainer/competency performer for this method by the POCT staff or Current Trainer/Competency Performer, please circle: COMPETENCY PERFORMER

POCC or Current Trainer/Competency Performer must sign below:

instructions to the employee:

1. Required Annually: Completion of Learning Quiz with 100% as part of annual minimum working requirements
2. Review the procedure and locate the package insert.
3. Perform the procedure with quality control (negative or positive controls) and patient sample with records management on documentation log, while being observed.
4. Your performance will be based on how well you follow the procedure. You may refer to the written procedure during the performance of the procedure. If the evaluation of your performance is unsatisfactory, you will be given instructions for corrective action and will complete an Initial Training document.
5. If you find that the written procedure is unclear or missing necessary information, please make note in the employee section below.
6. Sign next page at completion of competency for Employee.

Instructions to the Competency Performer:

1. Collect either negative or positive QC for the employee to demonstrate the procedure.
2. Directly observe the Employee perform each step of the procedure on QC and on a patient. If any step of the procedure is performed incorrectly, please note this in the Comments section and retrain from Initial Training document.
3. Test the Employee’s problem-solving skills with a question or observe the Employee resolving a problem.
4. If the procedure is followed correctly, mark as satisfactory. If there are steps that are not followed, then mark unsatisfactory and describe the corrective action necessary to obtain a satisfactory rating.
5. Sign next page at completion of competency for Competency Performer.
6. Upon completion of form, file appropriately and keep for 2 years.

Competency Performer to check mark Satisfactory or Unsatisfactory:

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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<tbody>
<tr>
<td>Assessment of Sample Handling</td>
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<tr>
<td>Assessment of Quality Control</td>
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<td>Assessment of Test Performance</td>
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<td>Assessment of Data Management</td>
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<tr>
<td>Assessment of Problem Solving</td>
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</tbody>
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If Competency is documented as Unsatisfactory in any category:

- Competency Performer will list any comments pertinent to unsatisfactory status
- Competency Performer will complete document with signatures from both Competency Performer and Employee
- Competency Performer will proceed with a new initial training and complete new document for initial training
Competency Performer Comments for Unsatisfactory: 

Upon Completion of Competency:

Competency Performer: ___________________________ Date: _______________

Employee: ___________________________ Date: _______________