

Super user Competency Assessment

Please fill all fields in CAPITALS ONLY. Illegible writing may cause a delay in access to analyser

First Name:		Surname:	
Employee Number:		Position:	
Hospital:		Department:	
Email:			
Training Type	<input type="checkbox"/> Initial/New <input type="checkbox"/> Recertification <input type="checkbox"/> Targeted Training (Please tick only relevant competencies)		

For certification on this device, the Super user must demonstrate the following:		Yes	N/A
Maintenance			
Describe procedures for cleaning and maintaining device			
Can access error code list and troubleshoot accordingly			
Recognise principles of Inventory Control and implement local procedure			
Knows how to complete maintenance record			
Quality Control (QC)			
Outlines the requirements for Quality Control (i.e. frequency, storage, QC levels, etc)			
Demonstrates correct technique for handling QC samples and running QC			
Describes the action required for "pass" or "fail" results			
Is able to access stored QC results			
Can check thermal control system			
Quality Assurance Program(QAP)			
State the difference between QAP & QC			
Can identify the QAP schedule			
Is able to reconstitute QAP			
Can run QAP			
Training and Administration			
Is able to identify key components of monthly report(s)			
Is able to interpret and communicate compliance from reports to staff at facility			
Shows a suitable pathway to disseminate information to operators and managers			
Demonstrates ability to identify key processes and clearly convey to staff in training			
Can locate training documents to support training of operators and follows training procedures			
Super user Statement:			
Please <i>read</i> and <i>sign</i> the following statement when you have completed your training.			
I am aware of the "Super user Roles and Responsibilities" document for POCT devices and will ensure certification is up to date unless otherwise directed. I can locate the Operating Procedure for this device and will follow the procedures when training operators on the device. I am aware of the POCT Manual/documentation and will ensure current versions are used. I understand it is my responsibility to withdraw defective equipment from service and complete appropriate paperwork. I will not share my Operator ID under any circumstances.			
Super user Signature		Date	
Trainer's Signature		Date	
<input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Vendor <input type="checkbox"/> Lab Staff/Lab Super user			