

GEM 4000

Operator Competency Assessment

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

First Name:		Surname:	
Stafflink #		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)		
Trainee needs to demonstrate the following to be a certified GEM 4000 Operator			Yes N/A
Pre-analytics			
Identifies the key components of the GEM 4000 System and demonstrates/describes function			
Identifies acceptable sample types(arterial/venous/capillary)			
Recalls correct sample collection devices (ABG syringe)			
Can correctly identify and reject samples due to poor sample integrity (improper mixing, air bubbles, microclots)			
Identifies minimum sample collection volume			
Analytics			
Able to log on to the GEM 4000 to perform a test using the barcode scanner			
Able to navigate menu and select desired panel(s) to be run			
Enters and/or scans the patient ID			
Can navigate to correct screens and enter patient information			
Can start a new sample by navigating to correct sample type			
States the "unknown patient" protocol and reconciliation procedure			
Correctly adds sample to the GEM 4000			
Post-analytics			
Can locate reference ranges and review results (identify results flagged as critical)			
Can follow process for actioning critical results			
Can print results successfully			
Identifies error codes and operator messages and action in appropriate manner.			
Can access stored results from the GEM 4000			
Maintenance			
Able to install/change printer paper			
Describes correct procedure for cleaning the GEM 4000 analyser			
Demonstrates changing cartridges and initiating CVP			
Operator Statement:			
Please <i>read</i> and <i>sign</i> the following statement when you have completed your training.			
I am aware of the "Operator 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 using the device. I am aware of the POCT Manual/documentation and its location and can access MSDS if required. I understand it is my responsibility to follow PPE at all times and action critical results when flagged on the device.			
I will not share my operator ID under any circumstances.			
Operator's Signature		Date	
Certificate of Attainment sited for e-learning		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Trainer's Signature		Date	
<input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Vendor <input type="checkbox"/> Super user			

