

# Alere Afinion™ AS100

## Super user Competency Assessment

**Complete in ALL CAPITALS. Illegible forms may cause a delay in accessing an 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
<b>Maintenance</b>		
Can access the information and error code list and required action		
Recognise principles of Inventory Control and can implement local procedures		
Describes procedure and equipment used to clean Alere Afinion™ AS100 Analyzer cartridge chamber		
Knows how to complete maintenance record		
<b>Quality Control</b>		
States correct storage requirements of QC materials		
Outlines the requirements for Quality Control (i.e. frequency, QC lockout, etc.)		
Demonstrate procedure for running QC on the device (including sample preparation and collection)		
Describes the action required if QC measurements are not within range		
Knows how to complete required documentation		
Is able to access stored QC results		
<b>Quality Assurance Program</b>		
State the difference between QAP & QC		
Can identify the QAP schedule – 2 samples per survey / 3 surveys per year		
Is able to conduct QAP		
<b>Communication</b>		
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		
<b>Super user Statement:</b>		
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. <b>I will not share my Operator ID under any circumstances.</b>		
Super user’s Signature		Date
Trainer’s Signature		Date
<input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Vendor <input type="checkbox"/> Laboratory		

