

HemoCue Hb 201 DM

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		
Able to clean the optronics unit and cuvette holder		
Can access error code list and required action		
Recognise principles of Inventory Control and implement local procedure		
Quality Control (QC)		
Outlines the requirements for Quality Control (i.e. frequency, QC lockout, QC levels, etc)		
States storage requirements for QC materials		
Demonstrates correct technique for running a QC sample		
Describes the action taken for QC results that fall outside allowable scatter range		
Knows how to complete required documentation		
Is able to access stored QC results		
Quality Assurance Program(QAP)		
State the difference between QAP & QC		
Can identify the QAP schedule		
Is able to reconstitute QAP		
Can locate and complete maintenance record for 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 Superuser		