

Alere Afinion™ AS100

Operator Competency Assessment Record

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 (choose only relevant) <input type="checkbox"/> Initial / New <input type="checkbox"/> Recertification <input type="checkbox"/> Targeted Training	
For certification on this device, the Operator must demonstrate the following:	Yes N/A
Pre-analytics	
Identifies components of the Alere Afinion™ Test System (analyser, printer, scanner, assays) and can navigate touchscreen menu (e.g. recognises icon symbols, etc.)	
Recalls correct sample type and volume [Capillary blood from finger prick, venous whole blood with anticoagulants (Green top - Heparin, Purple top – EDTA or Grey top - oxalate), 1.5uL]	
Correctly handles the HbA1c test cartridge	
Performs correct technique for capillary & venous collection (wipe away first drop of blood, mix sample, etc.)	
Recalls cartridge storage requirements(both refrigerated and room temperature	
Analytics	
Able to turn analyser on, select appropriate test and log on (scan or enter operator ID)	
Enters and/or scans the patient ID (MRN or AuID)	
States the “unknown patient” protocol and reconciliation procedure (N/A for outside hospital setting)	
Uses correct method to insert and remove test cartridge	
Post-analytics	
Can accept and print results	
Removes cartridge and disposes correctly	
Can locate error code information and explain action to common error codes	
Can access stored results from the device	
Maintenance	
Can describe process for cleaning external surface of analyser	
Can locate and complete required fields in maintenance log	
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 Signature:	Date:
Certificate of attainment sighted for e-learning <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Trainer’s Signature:	Date:
<input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Vendor	<input type="checkbox"/> Super User

