

GEM 4000

Super user 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 (Tick only relevant competencies)		

For certification on this device, the Super user must demonstrate the following:	Yes	N/A	
Maintenance			
Demonstrate "removing" a reagent pack			
Know how to troubleshoot and where to find information			
State procedure required in case of cartridge failure			
Quality Control(QC)			
Can demonstrate running of relevant CVP			
Explain iQM functionality			
Explain what 'iQM disabled' and 'fixing' next to an analyte means.			
Quality Assurance Program(QAP)			
State the difference between QAP & QC			
Can identify the QAP schedule			
Is able to run QAP samples			
Administration and Training			
Is able to identify key components of monthly PoCT 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			
Can access GEMWeb to view operator lists			
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's Signature		Date	
Trainer's Signature		Date	
<input type="checkbox"/> POCT Coordinator <input type="checkbox"/> Vendor <input type="checkbox"/> Lab Staff/Lab Super user			

