Orientation Checklist for New Employees

Name: _____Job title: _____

Date hired: _____ Section: _____ Orientation completion date: _____

Within the first 30 days of employment, the following areas must be covered:

1. Hospital Orientation completed (date) _____
2. Personal locker and laboratory coats/ PPE issued _____
3. Reviewed job description and performance standards _____
4. Employee has completed HR paperwork and has ID_____
5. Explained probationary period and orientation/evaluation procedure _____
6. Explained employee performance appraisal system and review date_____
7. Explained training and regular work schedule _____
8. Placed employee's telephone number/address on section phone list _____
9. Prepared and explained employee's personnel file (access, what's kept) _____
10. Discussed employee's immediate goals _____
11. Mentor assigned _____
12. Discussed briefly (or had employee read) administrative procedures and policies in the general administrative manual of the department including:
    A. Lab dress code: _____
    B. Disciplinary policies:_____
    C. Union contract: _____
    D. Attendance and Work Schedule: _____
    E. Overtime Approval:_____
    F. Leave requests: _____
    G. Clock In/Out and Payroll Procedures: _____
    H. Release of information and patient confidentiality/HIPAA: _____
13. Gave tour of facility:
    A. Laboratory tour:
        I. Fire exit plan (evacuation routes)
        ii. Each department in the laboratory
        iii. Restroom/Locker facilities
        iv. Pathologists, Lab Manager/Directors, Lab employees introduced
14. Reviewed customer service expectations with employee _____
15. Reviewed Quality Plan of the Department including Occurrence Reporting System_____
16. Provided computer orientation and training:
    A. Employee received sign-on policy and password _____
    B. Employee was trained on LIS procedures relevant to the job _____
17. Provided training on all policies/procedures specific to the section; signed off on procedures _____

Laboratory Safety Orientation Checklist

Before assignment to a testing/patient area, the employees must have performed the following:

1. Read and reviewed safety manuals and policies:
   A. Standard Precautions / Exposure Control Plan / Infection Control / Exposure control plan (if applicable)
   B. Chemical Hygiene Plan
   C. Fire safety/evacuation procedures
   D. Received training on formaldehyde
   E. Received fit-testing (if applicable)
   F. Training on TB Exposure Control Plan

2. Reviewed safety procedures:
   A. Proper hand washing
   B. Gloves (on, off, disposal)
   C. Lab coat laundering
   D. Sharps precautions
      - Sharps precautions
      - Use of safety needles/devices
      - Sharps disposal
      - Broken glass/blood spill clean-up
   E. Labeling/handling/storage chemicals/carcinogens
   F. Disposal of biohazardous materials
   G. Chemical spill clean-up
   H. Handling of mercury spills
   I. Basic electrical safety
   J. Formaldehyde spill clean-up

3. Reviewed the location and use of laboratory safety equipment:
   A. Fire extinguishers (employee can use adequately)
   B. Fire blankets
   C. Fire alarm "pull-stations"
   D. Chemical spill kits ; sorbent pillows for formaldehyde
   E. Eyewash
   F. Safety shower
   G. PPE (goggles/gloves etc) required for each task
   H. Flammable/acid cabinet
   I. MSDS sheets
   J. Safety hoods

I have read and understand all of the information presented in the laboratory orientation packet.

_____
Employee's signature Date

The above employee has satisfactorily completed all areas of orientation.

_____
Manager's signature Date

Completed Checklists must be turned in to the Administrative Secretary in Laboratory Administration within two months of hire date and will be maintained in the employee's departmental files.

Customer Satisfaction Survey

	Excellent (5 points)	Good (4 points)	Average (3 points)	Fair (2 points)	Poor (1 point)
Staff was available in a timely manner.	√				
Staff was friendly and cheerful throughout.	√				
Staff greeted you and offered to help you.	√				
Staff answered your questions.	√				
Staff showed knowledge of the laboratory/services.	√				
Staff offered pertinent advice.	√				
Staff was courteous throughout.	√				
Overall, how would you rate our customer service?	√				

Opened Ended Questions
What did you like best about our customer service? The lab staff was helpful.
Is there a staff person you would like to commend? Name: Moses Kigundu Reason: He took extra time to help me sort out the doctor's instructions.
How could we improve our customer service?
Thank you for taking the time to complete our customer service survey.

CREATININE in Serum by IL 300 PLUS ANALYZER
Standard Operating Procedure

Test Summary:

Creatinine is produced as a waste product through the conversion of creatine to phosphocreatine. Because most of the creatinine is produced in the muscles, the amount of creatinine is proportional to the patient's muscle mass. Serum creatinine is useful in the evaluation of kidney function and in monitoring renal dialysis.

Principle:

Creatinine is measured as a fixed timed chemical reaction using picrate (Jaffe reaction) in an alkaline environment to form a orange-red product. The increase in absorbance at 510 nm due to the orange-red complex is proportional to the creatinine concentration in the sample.

Specimen Handling and Preparation:

Serum is the specimen of choice. The serum may be stored for 1 day at 2-8'C.

Quality Control:

SeraChem 1 and SeraChem 2 are used for quality control. Both controls will be run each day of use and anytime new reagent, regardless of lot number, is added to the system throughout the day. If testing extends longer than 8 hours, this will be deemed as a second shift and both controls must be analyzed.

SeraChem Preparation

1. Gently tap bottle on counter top. Remove cap and slowly remove stopper without spilling its contents
2. Add 5.0 ml of dH_20 and replace stopper
3. Gently swirl reconstituted material until all lyophilized contents are dissolved.
4. Label reconstitution date on bottle. This information will be needed when preparing frozen aliquots
5. Allow material to sit for 30 minutes at 15-30'C, periodically swirling bottle during this time.
6. Gently invert bottle several times before removing any portion.

SeraChem Storage and Stability

Unreconstituted material is stable at 2-8'C until expiration date indicated on label

Reconstituted material is stable for 5 days at 2-8'C .Frozen aliquots are stable (-20'C) for 2 weeks. Frozen aliquots may not be refrozen.

SeraChem Expected Results

Refer to the "Value Table" enclosed in each kit for result information. Select the IL 300 table and choose the umol/L row to determine manufacturer's range, SD, and mean.

SeraChem Testing

Before testing, always gently invert the bottle or thawed aliquot. Control material can be tested either in the 'Sample' area or in the 'Std/Ctrl' area. Reagent blanking (RBL) should be performed with running QC.

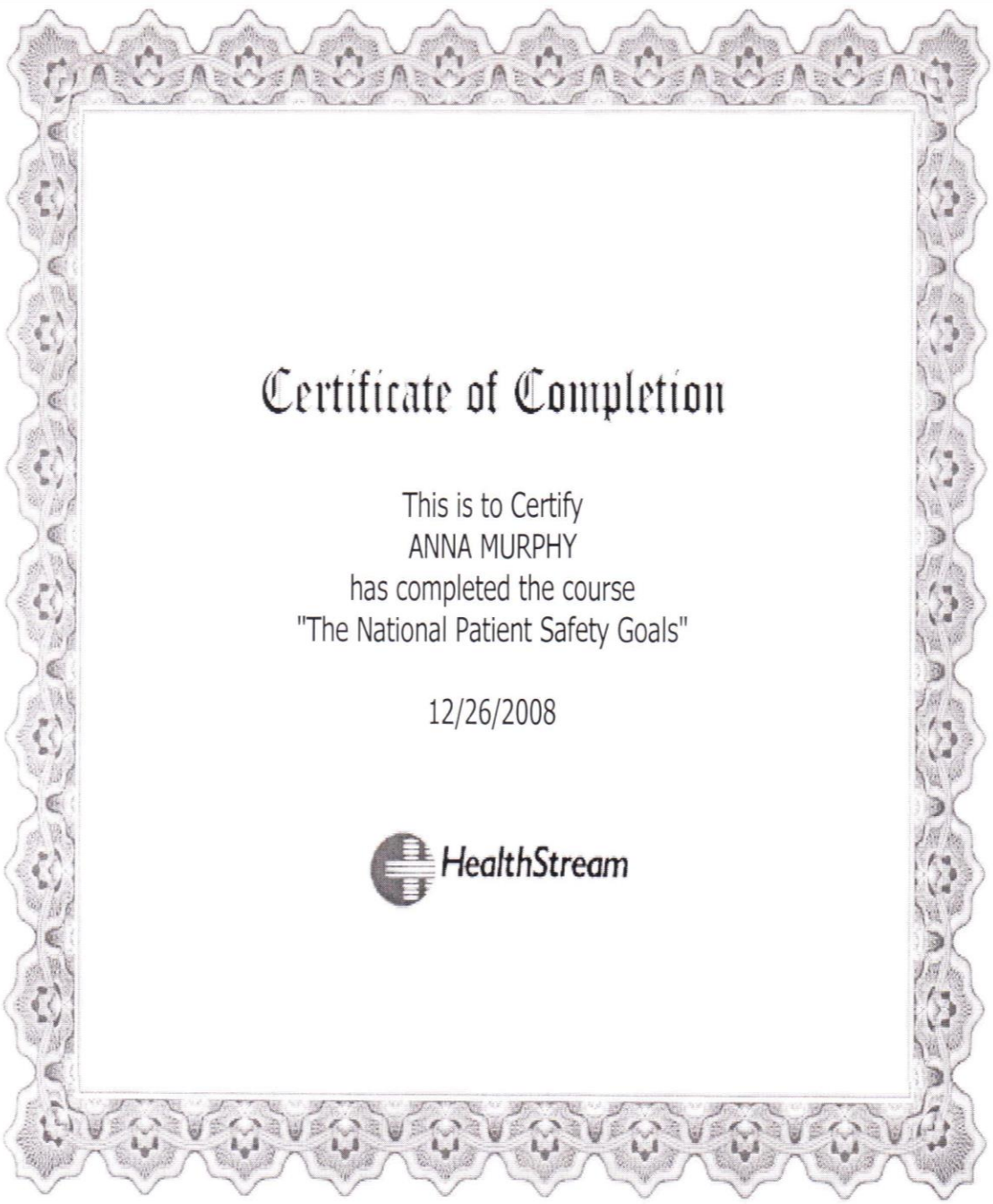
I have read and understood the attached SOP for Creatinine Analysis.

Chere Moshi, MT (ASCP) *21 May 20XX*

Quality Manual

I have read and understood the contents of the Quality Manual. I agree to abide by the regulations stated herein.

Employee Signature	Date
Paul Resetter	08-02-2009
Supervisor Signature	**Date**
Godfrey Zacharias	08-02-2009



Certificate of Completion

This is to Certify
ANNA MURPHY
has completed the course
"The National Patient Safety Goals"

12/26/2008

HealthStream

Rena Sanchez

1257 Wheeler St.
Santa Ana, CA 92707
rsanchez@fullerton.edu

EDUCATION

Masters of Science,Clinical Psychology May 2007
California State University, Fullerton
Masters Thesis: *Factors Contributing to Work Stress Among Single Mothers*

Bachelor of Arts, Psychology June 2004
California State University, Long Beach

TEACHING EXPERIENCE

Graduate Assistant Fall 2006, 2007
Psychology Department, California State University, Fullerton
- Taught an introductory undergraduate psychology course to over forty students per course
- Utilized group work as well as field experiences to promote student learning

Graduate Assistant Spring 2005, 2006
Human Services Department, California State University, Fullerton
- Taught an introductory course to undergraduate human services students
- Developed new curriculum that emphasized several in-class group activities

RESEARCH EXPERIENCE

Graduate Research Assistant May 2006–December 2006
Psychology Department, California State University, Fullerton
- Worked with a faculty member on a grant aimed in obtaining funds for the Single Mothers' College Resource Center
- Conducted research on the positive factors that contribute to the success of single moms in a university setting
- Grant was successfully funded and the program will be implemented fall 2007

HIGHER EDUCATION EXPERIENCE

Workshop Coordinator May 2006–June 2007
Women's Center, California State University, Fullerton
- Worked collaboratively with the director of the center to organize and arrange workshops
- Developed marketing materials to promote workshops among college campus
- Created and presented various workshops on self-esteem issues among women

Resident Advisor
California State University, Long Beach September 2004–June 2005
- Served as administrator in a residence hall for first year students
- Enforced college policies and developed and presented educational programs to residents
- Participated in leadership training and in the recruitment and selection of new Resident Assistants

College Representative June 2005–May 2006
Upward Bound, California State University, Long Beach
- Served as a college representative to various local high schools
- Promoted higher education among diverse at risk high school students
- Developed and facilitated various informative college presentations
- Assisted students with needed resources to attend college

UNIVERSITY OF MEDICAL SCIENCES

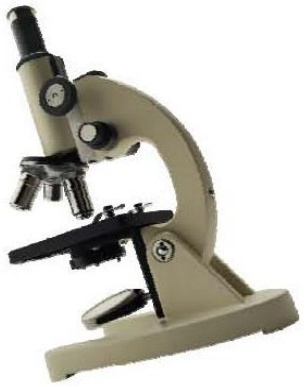
HEREBY GRANTS

David Moshusu

THE DEGREE OF

ASSOCIATE OF SCIENCE IN CLINICAL LABORATORY SCIENCES

THIS THIRTEENTH DAY OF DECEMBER 20XX



Position Description

POSITION: **Medical Technologist** **GRADE:**

DEPARTMENT:Laboratory **COST CENTER:**
REPORTS TO: **EFFECTIVE DATE:**

BASIC FUNCTION:

Perform routine and specialized clinical laboratory testing in areas of the clinical laboratory such as Microbiology, Hematology, Blood Bank, and/or Clinical Chemistry.

PRINCIPLE DUTIES:

- Perform routine and specialized tests in assigned area of the laboratory; interpret tests results and correlate laboratory findings with disease state; confirm abnormal results and result discrepancies and initiate follow-up to resolve discrepancies.
- Evaluate specimen adequacy for test performance.
- Analyze technical problems pertaining to specimen adequacy, laboratory data, and instrumentation; determine cause and rectifies problems in accordance with guidelines and procedures.
- Calibrate instruments; performs and documents preventative and corrective maintenance, function checks, and repairs on instruments and equipment.
- Perform, evaluate, and document quality control data and assure that patient results are not reported when tolerance limits are exceeded; documents quality occurrences in compliance with the quality plan of the department; advises manager of significant quality control/quality assurance issues. Perform testing on proficiency testing samples.
- Perform instrumentation troubleshooting to correct problems; refer problems appropriately to instrument vendors.
- Review, repeat, and verify laboratory results according to standard operating procedures; report critical (panic) values or unusual results in accordance with established policy.
- Prepare reagents and solutions in accordance with established guidelines.
- Assist with inventory management of supplies and assure that laboratory areas remain stocked with needed supplies.
- Respond to customer inquiries about laboratory results.
- Participate in in-service education programs.
- Participate in the preparation for all inspections by accrediting agencies.
- Participate in training of new employees, residents, and students.
- Maintain confidentiality of patients, families and staff.
- Adhere to customer service standards of hospital and department.
- Perform other job-related duties as assigned.

MINIMUM REQUIREMENTS:

- Bachelor of Science degree in Medical Technology or other related degree and certification as a technologist by ASCP or equivalent certification.
- 1 -3 years of experience in a clinical laboratory.
- Able to sit, stand, walk, bend, reach beyond arm's length, and type (finger dexterity) for extended periods of time.

SIGNED BY: _____ **DATE:** _____
Department Head

SIGNED BY: _____ **DATE:** _____
Division Director

CERTIFIED BY: _____ **DATE:** _____
Director, Human Resources

I have received a copy of this position description, which I have read, understand, and accept.

_____ _____
Employee's Signature **Date**

PERFORMANCE EXPECTATIONS
MEDICAL TECHNOLOGIST

1) Performs laboratory testing with a high level of accuracy with few documented errors.

Exceeds - less than _____ reporting errors per month
Meets – less than _____ reporting errors per month
Fails - more than _____ reporting errors per month

2) Performs, validates, and documents QC prior to test release according to defined department policies.

Exceeds / Standard – performs and documents QC results and corrective actions 100% of the time
Fails – performs and documents QC results and corrective actions less than 100% of the time

3) Performs laboratory testing in accordance with the published efficiency standards of department (must define by bench and section of the lab – billables/FTE).

Exceeds- exceeds efficiency standards of the department
Meets - meets efficiency standards of the department
Fails - does not meet efficiency standards of the department

4) Follows policies and procedures of the section/department/hospital consistently.

Exceeds/Meets– follows policies and procedures 100% of the time
Fails – does not follow policies and procedures 100% of the time

5) All testing procedures are performed within defined turnaround time standards; if not possible, testing delays are communicated to the manager.

Exceeds – All work is completed within required TAT; manager is notified of delays 100% of the time
Meets – Work is usually completed within required TAT; occasional unexplained delays occur
Fails – Numerous unexplained occurrences of failure to complete work within TAT limits are documented

6) Performs and documents routine maintenance, calibration, and instrument function checks per department/section standard operating procedures.

Exceeds – 0 instances of failure to perform and document
Meets – 0 instances of failure to perform; occasional instances of failure to document
Fails - 1 or more instances of failure to perform; occasional instances of failure to document

7) Calls and documents critical value calls within defined time limit in defined format according to department policy.

Exceeds/Meets – calls and documents critical calls in defined format 100% of the time within defined time limit
Fails – calls and documents critical calls in defined format less than 100% of the time; unexplained delays occurred in communication of critical calls

CAPE REGIONAL
MEDICAL CENTER

CORPORATE COMPLIANCE AND PRIVACY HOTLINE

Do you have a question, complaint, or concern about a possible Corporate Compliance or a HIPAA Privacy issue?

CONFIDENTIAL

Call the Tollfree Voice Mailbox at

1-888-325-6005

I have received a copy of the Corporate Compliance/Privacy Hotline contact information.

Moses Kidingu, Lab Assistant *22 June 20XX*

CERTIFICATION MEDICAL TECHNOLOGIST

Peter Smith, MT (ASCP)

EFFECTIVE: 06 AUGUST 20XX

American Society for Clinical Pathology

CERTIFICATE OF COMPLETION

HIV RAPID TEST TRAINING

John Sanje

COMPLETED: JUNE 06, 20XX

Ministry of Health

PERFORMANCE REVIEW
Laboratory Services

EMPLOYEE NAME	DATE	COMPLETED BY

INSTRUCTIONS

Please fill out this form completely before meeting with the employee for his/her performance review. Provide written comments for each category and rankings for certain categories. Use specific examples when providing feedback to assist the employee in understanding what he/she has done well and why certain skills need improvement.

JOB ACCOMPLISHMENTS

List the employee's job accomplishments during this review period as compared to your expectations. Provide an overall rating for the period.

[ ] **1**–Unsatisfactory [ ] **2**–Satisfactory [ ] **3**–Average [ ] **4**–Above average [ ] **5**–Outstanding

STRENGTHS

List the key strengths that the employee exhibited during the review period as compared to your expectaions.

COMMUNICATION SKILLS

Describe the strengths and weaknesses of the employee's communication skills. Provide a rating for the review period.

[ ] **1**–Unsatisfactory [ ] **2**–Satisfactory [ ] **3**–Average [ ] **4**–Above average [ ] **5**–Outstanding

AREAS FOR DEVELOPMENT

List the areas of improvement or development.

TEAM BUILDING SKILLS

Describe the strengths and weaknesses of the employee's team building skills. Provide a rating for the review period.

[ ] **1**–Unsatisfactory [ ] **2**–Satisfactory [ ] **3**–Average [ ] **4**–Above average [ ] **5**–Outstanding

GOAL ACCOMPLISHMEN

[Describe and rate the employee's degree of success in meeting predetermined goals.]

[ ] **1**–Unsatisfactory [ ] **2**–Satisfactory [ ] **3**–Average [ ] **4**–Above average [ ] **5**–Outstanding

TIME MANAGEMENT

Does the employee seem to manage his or her time well? Provide a description and a rating.

[ ] **1**–Unsatisfactory [ ] **2**–Satisfactory [ ] **3**–Average [ ] **4**–Above average [ ] **5**–Outstanding

CUSTOMER MINDSET

Describe and rate the level of customer-oriented thinking that the employee displays if applicable.

[ ] **1**–Unsatisfactory [ ] **2**–Satisfactory [ ] **3**–Average [ ] **4**–Above average [ ] **5**–Outstanding

JOB KNOWLEDGE

Describe the level of knowledge that the employee has about his/her job in particular and the company in general. Rate his/her job knowledge.

[ ] **1**–Unsatisfactory [ ] **2**–Satisfactory [ ] **3**–Average [ ] **4**–Above average [ ] **5**–Outstanding

OVERALL PERFORMANCE

Provide a summary of the employee's overall performance. Rate his/her overall job performance.

[ ] **1**–Unsatisfactory [ ] **2**–Satisfactory [ ] **3**–Average [ ] **4**–Above average [ ] **5**–Outstanding

AGREED UPON ACTIONS

ACTION	BY WHOM	DUE DATE

COMMENTS

Accepted and agreed to by:

Employee Signature

Date

Manager Signature

Date

PROCEDURE: OCCURRENCE MANAGEMENT

No. ADMIN/101/2004/1

PURPOSE: The Department of Pathology/Clinical Laboratories is involved in pre-analytic, analytic, and post-analytic processes involving laboratory specimens. The department strives for high quality, error-free work and excellence in patient care and customer service. In order achieve these goals, the department has an occurrence management system which identifies and analyzes occurrences for the purpose of finding and correcting root causes of problems with laboratory operations.

I. DEFINITIONS: Occurrence – any problem or complaint involving laboratory processes for any type of pathology or laboratory specimen. Accident – an unexpected or unforeseeable event beyond the control of the laboratory. Complaint – any issue of concern raised by an internal or external customer. Deviation – any variation (planned or unplanned) from approved standard operating procedures that may or may not affect quality of a product or service. Error – an occurrence that represents an unplanned deviation from established standards within the control of the laboratory. Incident – an event that should not have occurred if the process or procedure worked correctly.

II. PROCEDURE:

A. Occurrence Detection – Occurrences in the laboratory are detected mainly by external customer complaints or by employee detection of problems with processes and procedures.

B. Documentation - All occurrences for any type of process shall be documented on the Occurrence Report Form (ORF) – attachment ADMIN/101/2004/1 – Occurrence Report Form. .

1) Section I of the Occurrence Report Form should be completed by the individual involved in the initial identification and /or management of an occurrence that meets one of the definitions above. Section I documents the patient demographics, a brief description of the occurrence, immediate actions taken, and the amount of time involved in immediate resolution of the problem. The following details should be included in the brief description a) who was involved in the occurrence (staff and patient) b) what occurred (a description of the event) with possible effect on the patient and c) where in the laboratory process the occurrence happened. Section I should be completed by the end of the day on which the problem was detected.
2) After completion of Section I, the Occurrence Report Form should be submitted to the QA technologists for the laboratory. This section will complete the occurrence report form and incorporate the occurrence into its monthly QA report.

I have read and understand the procedure on occurrence management.

Jonas Livingston, MT (ASCP) *21 May 20XX*

Code of Ethics for Healthcare Quality Professionals

Healthcare Quality Professionals are defined by a standard of conduct deep-rooted in commitment, confidentiality, and relationships. Committed to performance improvement and maintaining integrity, the Healthcare Quality Professional recognizes personal accountability and moral obligation to all customers served—clients, employees, employers, physicians, organizations, and the public.

Healthcare Quality Professionals promote the dignity of the profession and are committed to

- practicing the profession with honesty, integrity, and accountability
- maintaining the level of competency as outlined in the *Standards of Practice for Healthcare Quality Professionals*
- seeking the trust and confidence of all customers
- supporting the *Standards of Practice for Healthcare Quality Professionals*
- respecting all laws and avoiding involvement in any false, fraudulent, or deceptive activity
- promoting the right of privacy for all individuals and protecting the maintenance of confidential information to the fullest extent permitted by law
- using expertise to inform employers or clients of possible positive and negative outcomes of management decisions in an effort to facilitate informed decision making
- giving credit for the work of others to whom it is due
- aiding the professional development and advancement of colleagues
- using the Certified Professional in Healthcare Quality (CPHQ) designation only after passing the written examination, adhering to standards established by the Healthcare Quality Certification Board (HQCB), and continuing to maintain those standards through the recertification process
- maintaining membership in professional organizations as a means of promoting quality and professional growth and avoiding the use of such membership for the sole purpose of solicitation of business or for personal financial gain.

I have read and agreed to abide by the Code of Ethics policy.

Nayashea Sudiki, Phlebotomist *30 October 20XX*

12 November 20XX

Gorette Baker

St. Evangeline's Hospital Laboratory

Dear Gorette,

Thank you for training our new graduate to order the inventory. I know that it takes extra time to do training on the job; however, it is important to have all staff cross-trained on procuring supplies & reagents. Thank you for sharing the lessons and tools that you learned at the seminar last week with the other staff who were unable to attend the seminar.

Sincerely,

Tom Lebina

Laboratory Supervisor

Disciplinary Action

DATE OF OCCURRENCE __21 DEC 20XX__ DATE OF REPORT___21 DEC 20XX____

TIME OF OCCURRENCE __9 AM___ Requires immediate attention by manager _X Yes __No

PERSONNEL REPORTING OCCURRENCE Alice Reider, MT (ASCP) _____

PATIENT'S NAME_____NA_____ PATIENT ID____NA_____
(IF APPLICABLE) (IF APPLICABLE)P

PATIENT'S CLINICIAN NA _____

LOCATION OF OCCURRENCE Laboratory _____

BRIEF DESCRIPTION OF OCCURRENCE Larry Motatu , MT arrived at work with slurred speech and strong smell of alcohol on breath. When asked, he admitted that he had been drinking alcoholic beverages before coming to work. _____

IMMEDIATE ACTION TAKEN (If any) Employee was asked to leave work immediately.

_____

CORRECTIVE ACTION PLAN Employee will be given a warning and notified of the consequences of a repeat offense - a week suspension without pay. He will be terminated if a third offense occurs._____

FOLLOW-UP ACTION Weekly meeting with supervisor to evaluate any ongoing issues. _____

_____

SIGNATURE OF EMPLOYEE __Larry Motatu_____ DATE __22 DEC 20XX_____

SIGNATURE OF SUPERVISOR ___Alice Reider_____ DATE ____22 Dec 20XX__

Individual Competency Evaluation

Employee: __Baker Yolanda, Phlebotomist__ Year __20XX_____

Emp. ID# or SSN: 23456789_ Evaluator:__Sole Motatsu, MT_____

Health Dept: ___Zone 4_____ , _____

Approved Test Complexity Level: ( ) waived, ( ) moderately complex ( ) highly complex

Test Procedure	Criteria (Pass/Fail)								Date	Reviewer Initials
	A	B	C	D	E	F	G	H		
Phlebotomy	F					P	F	P	2 NOV	SM
Overall Rating (Pass / Fail)	Fail									

Criteria:
A = Specimen handling and processing
B = Test procedure
C = Quality Control testing and recording
D = Results recording and interpretation
E = Instrument maintenance and function checks
F = Assessment of problem solving skills
G = Safety guidelines
H = Problem solving skills

Corrective Action (if any):

Date	
21 Nov 20XX	Employee is lazy. He spends all his time on his cell phone. (I haven't seen him on his cell phone, but I know that is what he must be doing.)

Review:

Supervisor: Sole Motatsu , MT _____ Medical Director: JE Demuli, PhD _____

Date: 2 NOV 20XX _____

APPENDIX V

ACCIDENTAL EXPOSURE TO CHEMICAL/S REPORT FORM.

Full name: _____ Employee number: _____

Dept/Lab: _____ Region: _____

Date/Time of Exposure: _____
Duration of Exposure: _____
Location of Exposure (Bldg.& Room): _____

Trade and/or common name(s) of chemicals (s) or hazardous substance(s): _____
_____

Type of exposure (e.g. inhalation, ingestion, contact) (If contact, what body part was involved?)
_____

How did exposure occur? (Use additional sheet if necessary): _____
_____
_____
_____

Was personal protective equipment available? Yes _____ No _____
Was personal protective equipment used? Yes _____ No _____
If personal protective equipment was used, what type(s)? _____
Did employee receive training /instructions prior to exposure? (Explain)_____
_____

Severity of exposure: First Aid Required? _____ Medical Treatment Required? _____
Describe: _____
_____
_____
Were any symptoms present at time of exposure? Yes _____ No _____

If so, describe (attach medical report, if applicable): _____
_____

Were other employees exposed? Yes _____ No _____
If so, list names (use additional sheet if necessary): _____
_____

Employee's signature: _____ Date_____

H.O.D/Lab Manager's signature: _____

Print name:_____Date_____

Compiled by	Version	Approved by	Date	Signature
Safety Office	Final	Mr.M.Kirby	16/07/2001	

Employee Contact Information

Employee File	
Name	T. Kamarunda
Address	123 Gambeta Road City, Country
Phone	456-78-901
Next of Kin	T Umbetta
Emergency Contact	678-90-123

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION **DATE OF APPLICATION:**_____

Name:
Last First Middle

Address:
Street (Apt) City, State Zip

Alternate Address:
Street City, State Zip

Contact Information: ( ) ( )
Home Telephone Mobile Email

How did you learn about our company?

POSITION SOUGHT: _____ **Available Start Date:**_____

Desired Pay Range: _____ **Are you currently employed?** _____
By Hour or Salary

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc…			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE - Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Individual Competency Evaluation

Employee: ___M. KIGUNDU_____ Year ___20XX_____

Emp. ID# or SSN: __00009_____ Evaluator:___James Botolo_

Health Dept: __Region 6_____ , _____

Approved Test Complexity Level: ( ) waived, ( ) moderately complex ( ) highly complex

Test Procedure	Criteria (Pass/Fail)								Date	Reviewer Initials
	A	B	C	D	E	F	G	H		
Manual Differential	P	P	P	F	P	P	P	P	06 July	JB
FBC	P	P	P	P	P	P	F	P	06 July	JB
Urinalysis	P	P	P	P	P	P	P	P	06 July	JB
Rapid HIV	P	P	P	P	P	P	F	P	06 July	JB
Chemistry – Liver Function Tests	P	P	P	P	P	P	F	P	06 July	JB
Overall Rating (Pass / Fail)									F	JB

Criteria:
A = Specimen handling and processing
B = Test procedure
C = Quality Control testing and recording
D = Results recording and interpretation
E = Instrument maintenance and function checks
F = Assessment of problem solving skills
G = Safety guidelines
H = Problem solving skills

Corrective Action (if any):

Date	
06 July 20XX	Removed from performing FBC, Manual Diff, Rapid HIV, & Chemistry Testing; Assigned for Biosafety Training & Re-training on Manual Diff; Will reassess competency on 13 July

Review:

Supervisor: James Botolo, MT (ASCP) _____ Medical Director: J. M. Manzelli, PHD _____

Date: 06 July 20XX _____

ANNEXURE 1

APPENDIX C

OCCUPATIONAL HEALTH & SAFETY ACT, 1993 (ACT No 85 OF 1993)
REGULATION 9 OF THE GENERAL ADMINISTRA TIVE REGULA TIONS

RECORDING AND INVESTIGATION OF INCIDENTS

A. RECORDING OF INCIDENT

1. Name of employer _____
2. Name of affected person _____
3. Identity number of affected person _____
4. Date of incident _____ 5. Time of incident _____
6. Part of body affected *

Head or Neck	Eye	Trunk	Finger	Hand
Arm	Foot	Leg	Internal	Multiple

7. Effect on person *

Sprains or strains	Contusion or wounds	Fractures	Burns	Amputation
Electric shock	Asphyxiation	Unconsciousness	Poisoning	Occupational Disease

8. Expected period of disablement*

0-13 days	2-4 weeks	>4-16 weeks	>16-52 weeks	>52 weeks or permanent disablement	Killed

9. Description of occupational disease _____
10. Machine/process involved/type of work performed/exposure** _____
11. Was the incident reported to the Compensation Commissioner and Provincial Director?

Yes	No

12. Was the incident reported to the police?*

Yes	No

13. SAPS office and reference _____

* To be completed in case of a fatal incident.
** In case of a hazardous chemical substance, indicate substance exposed to

B. INVESTIGATION OF THE ABOVE INCIDENT BY A PERSON DESIGNATED THERETO

1. Name of investigator _____
2. Date of investigation _____
3. Designation of investigator _____
4. Short description of incident _____
5. Suspected cause of incident _____
6. Recommended steps to prevent a recurrence _____

Signature of investigator _____ Date _____

C. ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR INCIDENT

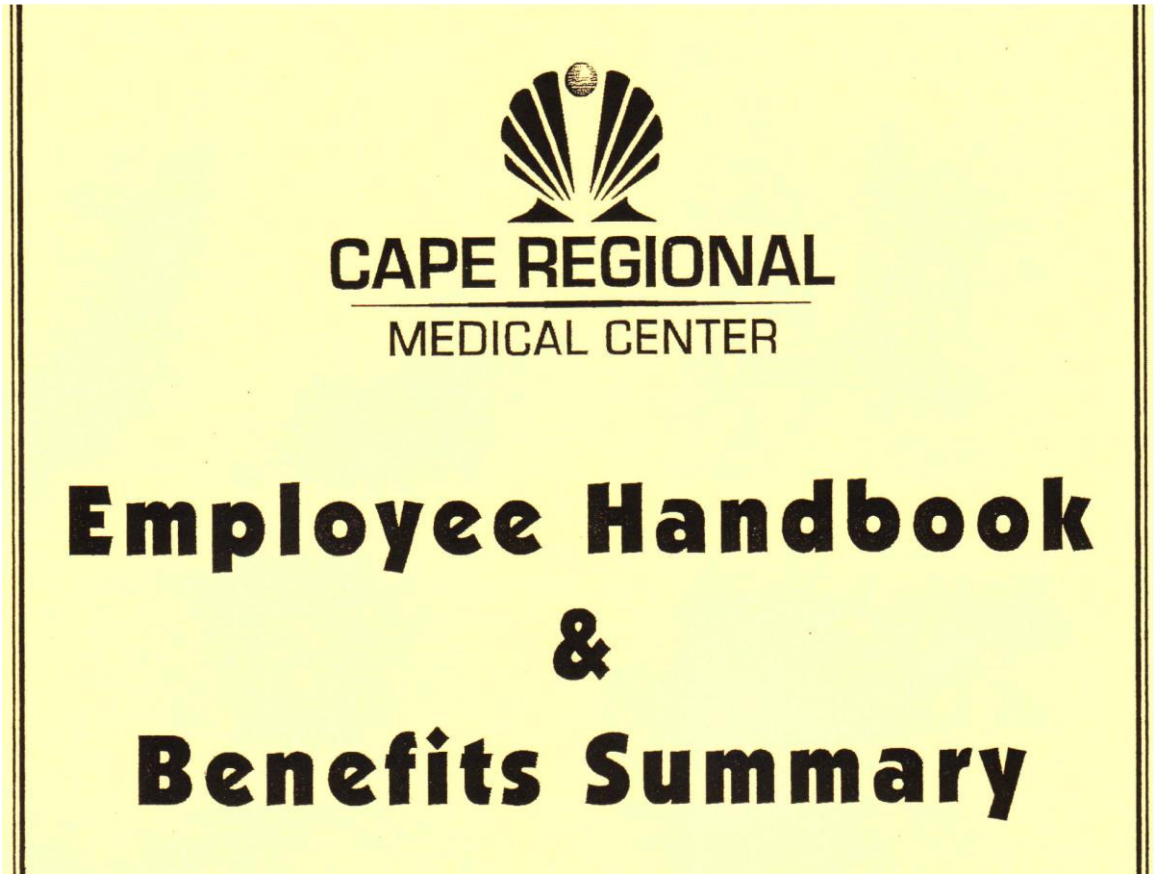
_____

Signature of employer _____ Date _____

D. REMARKS BY HEALTH AND SAFETY COMMITTEE

Remarks _____

Signature of Chairperson of Heath and Safety Committee _____ Date _____



I have been provided a copy of the employee handbook and explanation of benefits.

Roy Motebang, MT (ASCP) *16 July 20XX*

OCCURRENCE REPORT FORM

DATE OF OCCURRENCE ___*10 JULY 20XX* DATE OF REPORT___*10 JULY 20XX*__

TIME OF OCCURRENCE _*10 AM* Requires immediate attention by manager X Yes __No

PERSONNEL REPORTING OCCURRENCE *J Botolo, PhD* _____

PATIENT'S NAME____*C. Susami*_____ (IF APPLICABLE) PATIENT ID___BD – *3 March 19ZZ* (IF APPLICABLE)P

PATIENT'S CLINICIAN *P. Rotgui, MD*

LOCATION OF OCCURRENCE *Laboratory Reception*

BRIEF DESCRIPTION OF OCCURRENCE

Patient presents with blood sample in bag. Upon examining the bag, Mr. Kigundu noted blood dripping from collection tube. Mr. Kigundu rejects sample. The angry patient reports complaint to the supervisor (me).

IMMEDIATE ACTION TAKEN (If any) *I review specimen rejection policy and reasons for the rejection. I assure the patient that we will be happy to process her specimen when it in not a hazard to our laboratory staff.*

CORRECTIVE ACTION PLAN *Discuss the specimen rejection policy with the collecting unit. Deliver a copy of specimen rejection policy to this unit.*

FOLLOW-UP ACTION *Monitor specimen rejection and continue to assess patterns of rejection and follow up with education and policy distribution. Discuss creating a clinician handbook with specimen collection policies for the future. Include this in the agenda of the next staff meeting.*

SIGNATURE OF REVIEWER ___*J. Botolo, PhD*___ DATE ___*11 July 20XX*___

27 July 20XX

Moses Kigundu, Medical Technologist

St. Joseph's Hospital

Dear Mr. Kigundu,

Please accept the commendation of the Laboratory Services Department of the Ministry of Health for your exceptional service. This letter is to acknowledge the 20 years of consistent service provided to the laboratory and to the people of this nation. In honor of your years of service, please accept our appreciation and this recognition pin.

Sincerely,

James Lebina, PhD

Dr. James Lebina

Director of Laboratory Services

Ministry of Health