

COMPETENCY RECORD

DESCRIPTION

Name of Trainee: _____

Training Performed by: _____

Training Start Date: _____ End Date: _____ Hours (approx): _____

Method/SOP (Number, Revision and Title): _____

PROCEDURE FAMILIARIZATION

		<u>Trainer</u>	<u>Trainee</u>
1. Hazards of Procedure	Date: _____	Init: _____	Init: _____
2. Personal Protective Equipment	Date: _____	Init: _____	Init: _____
3. Waste Disposal	Date: _____	Init: _____	Init: _____
4. ASTM Methods	Date: _____	Init: _____	Init: _____
5. Standard Operation Procedure (SOP)	Date: _____	Init: _____	Init: _____
5. QC Guide	Date: _____	Init: _____	Init: _____
5. Other: _____	Date: _____	Init: _____	Init: _____

COMPETENCY

Means of Assessment: _____

Assessment Date(s): _____

Supervisor's Evaluation:

Employee is authorized to perform procedure on regulatory/client samples:

Yes___ No___

Supervisor's Comments: _____

Attach applicable documents (e.g. work samples, results analyses, control charts, etc.) as necessary.

Supervisor Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

COMPETENCY RECORD

Analyst Demonstration of Capability - LIMS review

Question 1	
Question 2	
Question 3	

Please pass to Trainer & Lab Manager before proceeding.

Employee capable of data review for listed analysis in LIMS?

YES

NO

Training (Observation)	Trainer	Date	Trainee	Date
The trainee is to observe primary analyst at least twice. More observations may be required and is at the discretion of the trainer. If more than 4 sessions are needed, use the back of the paper.				
1st session				
2nd session				
3rd session				
4th session				
Notes by Trainer:				

Florida Department of Agriculture and Consumer Services
Division of Consumer Services, Bureau of Standards

COMPETENCY RECORD

Training (Performance)	Trainer	Date	Trainee	Date
The trainee is to perform the analysis at least twice while the primary analyst observes. More observations may be required and is at the discretion of the trainer.				
1st session				
2nd session				
3rd session				
4th session				
Notes by Trainer:				
Training (Practice)	Trainer	Date	Trainee	Date
The trainee is to perform the analysis at least twice at their own satisfaction and/or comfort level.				
1st session				
2nd session				
3rd session				
4th session				
Notes by Trainee:				
Questions	Trainer	Date	Trainee	Date
Final Session with Trainer				
Trainers: Observe the trainee one more time and provide 2 - 5 questions that you feel are pertinent to the analysis before allowing the trainee to proceed to running replicates. Attach the list of questions on a separate sheet with the answers provided by the trainee.				

Proficiency	Trainer	Date	Trainee	Date
Observation of use				
Validation Material ran 5 to 7 x's (Accuracy)				
Random Sample ran 5 to 7 x's (Precision)				
Enter replicates in BOS WKSHT-019 Instrument Method Validation				
Pass for Accuracy		YES	NO	N/A
Pass for Precision		YES	NO	N/A

COMPETENCY RECORD

Analyst Demonstration of Capability - Training Questions Document

Analysis/Instrument/Method:	
Trainee:	
Trainer (Primary Analyst):	

Question 1	
Question 2	
Question 3	
Question 4	

COMPETENCY RECORD

Question 5	

Notes by Trainer

Employee passes demonstration of capability for listed analysis?

YES

NO

Trainer Signature: _____ Date: _____

Trainee Signature: _____ Date: _____



Florida Department of Agriculture and Consumer Services
 Division of Consumer Services, Bureau of Standards
COMPETENCY RECORD

VALIDATION MATERIAL: _____ VM NAME: _____ TEST DATE: _____
 EXPIRATION DATE: _____ VM SN: _____ UNITS: _____

ACCURACY & PRECISION

Parameter: _____
 Certified Value: _____
 Acceptance Limit: _____
 Repeatability: _____

Replicate	Result	Difference	Accuracy	r	Precision
1				NA	NA
2					
3					
4					
5					
6					
7					

Parameter: _____
 Certified Value: _____
 Acceptance Limit: _____
 Repeatability: _____

Replicate	Result	Difference	Accuracy	r	Precision
1				NA	NA
2					
3					
4					
5					
6					
7					

Parameter: _____
 Certified Value: _____
 Acceptance Limit: _____
 Repeatability: _____

Replicate	Result	Difference	Accuracy	r	Precision
1				NA	NA
2					
3					
4					
5					
6					
7					

Parameter: _____
 Certified Value: _____
 Acceptance Limit: _____
 Repeatability: _____

Replicate	Result	Difference	Accuracy	r	Precision
1				NA	NA
2					
3					
4					
5					
6					
7					

ATTACH ALL RAW DATA USED TO COMPLETE THIS WORKSHEET



Florida Department of Agriculture and Consumer Services
 Division of Consumer Services, Bureau of Standards
COMPETENCY RECORD

VALIDATION MATERIAL: _____ VM NAME: _____ TEST DATE: _____
 EXPIRATION DATE: _____ VM SN: _____ UNITS: _____

ACCURACY & PRECISION

Parameter: _____
 Certified Value: _____
 Acceptance Limit: _____
 Repeatability: _____

Replicate	Result	Difference	Accuracy	r	Precision
1				NA	NA
2					
3					
4					
5					
6					
7					

Parameter: _____
 Certified Value: _____
 Acceptance Limit: _____
 Repeatability: _____

Replicate	Result	Difference	Accuracy	r	Precision
1				NA	NA
2					
3					
4					
5					
6					
7					

Parameter: _____
 Certified Value: _____
 Acceptance Limit: _____
 Repeatability: _____

Replicate	Result	Difference	Accuracy	r	Precision
1				NA	NA
2					
3					
4					
5					
6					
7					

Parameter: _____
 Certified Value: _____
 Acceptance Limit: _____
 Repeatability: _____

Replicate	Result	Difference	Accuracy	r	Precision
1				NA	NA
2					
3					
4					
5					
6					
7					

ATTACH ALL RAW DATA USED TO COMPLETE THIS WORKSHEET



Florida Department of Agriculture and Consumer Services
Division of Consumer Services, Bureau of Standards

EMPLOYEE TRAINING PLAN

Employee Name: _____ Employee Number: _____

Job Title: _____ Laboratory: _____

The following training (excluding NEO) shall be completed before method competency can be attempted:

Training	Training Title	Begin Date	Completion Date	Employee Initials
Standard	New Employee Orientation			
	Laboratory Safety			
	HAZMAT			
	Quality Assurance Documents			
	Lab Ethics & Data Integrity			
Test Method Specific	Test Method Documents			
	Hands on Training			

Supervisor: _____ Date: _____