

COMPETENCY ASSESSMENT

Date: _____ 6 Month Evaluation _____ Annual Evaluation _____

Employee Name: _____ Employee Position: _____ Hire Date: _____

| Test Type(s) and/or Instrumentation | Direct Observation of Testing Performance | | Monitor Test Result Recording & Reporting | | Review Worksheets, QC, PT & Maintenance | | Direct Observation of Instrument Maintenance | | Assessment of Test Performance Records (PT/Blind Samples) | | Assessment of Problem Solving Skills | |
|-------------------------------------|---|---------|---|---------|---|---------|--|---------|---|---------|--------------------------------------|---------|
| | Date | Initial | Date | Initial | Date | Initial | Date | Initial | Date | Initial | Date | Initial |
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Competency has been satisfactorily demonstrated: Yes Improvement Needed

Reviewer Comments: _____

Corrective Action: _____

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|---|---|---|--|
| Print Reviewer Name Technical Consultant/Technical Supervisor Name Lab Director Name | Reviewer Signature Technical Consultant/Technical Supervisor Signature Lab Director Signature | Date Competencies Completed Date Date | Attach supporting documentation whenever possible |
| Next Review Due By: _____ | | | Date |

Date

Testing Analyst

Lab Director