# EMPLOYEE TRAINING

# Training includes all relevant work, forms and SOP reviews as applicable. Do not sign as approved until both trainer and trainee feel that the trainee is competent and comfortable to perform the listed procedure in an independent fashion.

## Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| SOP # | Procedure | Procedure Level | Date SOP Read/ Reviewed |
|  |  |  |  |

Note: Level 2 SOPs require at least one procedure performed under direct supervision.

OBSERVATION:

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| --- | --- | --- |
| Date of Observation: |  |  |
| Trainer: |  |  |
| Comments: |  |  |

PERFORMANCE:

|  |  |  |
| --- | --- | --- |
| Date of Performance: |  |  |
| SOP Followed? | □ Yes □ No □ N/A | □ Yes □ No □ N/A |
| Aseptic Technique Maintained? | □ Yes □ No □ N/A | □ Yes □ No □ N/A |
| Accurate Recording and Reporting of Data | □ Yes □ No □ N/A | □ Yes □ No □ N/A |
| Procedure Endpoint Criteria Met? | □ Yes □ No □ N/A | □ Yes □ No □ N/A |
| Trainer Signature |  |  |

COMMENTS:

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Employee is deemed competent and passes training for this procedure? □ Yes □ No

If no, remedial action recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reviewed By TCTL Supervisor/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_