Transplantation and Cellular Therapy Laboratory

# COMPETENCY ASSESSMENT FORM

## Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOP Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Task | Compliant? | | |
| Log in product according to SOP | ☐ Yes | ☐ No | ☐ N/A |
| Prepare reagents according to SOP and verified expiration dates, if applicable | ☐ Yes | ☐ No | ☐ N/A |
| Document Materials and Equipment Used | ☐ Yes | ☐ No | ☐ N/A |
| Clean and utilize equipment according to SOP | ☐ Yes | ☐ No | ☐ N/A |
| Complete all necessary forms according to SOP | ☐ Yes | ☐ No | ☐ N/A |
| Good aseptic technique | ☐ Yes | ☐ No | ☐ N/A |
| Product Biosurveillance showed no microbial growth | ☐ Yes | ☐ No | ☐ N/A |
| Follow SOP | ☐ Yes | ☐ No | ☐ N/A |
| Observe all applicable QC procedures | ☐ Yes | ☐ No | ☐ N/A |
| Interpret and document all results according to SOP | ☐ Yes | ☐ No | ☐ N/A |
| Met all Endpoint Criteria | ☐ Yes | ☐ No | ☐ N/A |
| Label product according to SOP | ☐ Yes | ☐ No | ☐ N/A |
| Document and report any deviations/adverse events that occurred during the procedure, if applicable | ☐ Yes | ☐ No | ☐ N/A |
| Perform calculations correctly | ☐ Yes | ☐ No | ☐ N/A |

If “no” was answered for any task, employee does not pass competency.

Competency Assessment Passed? □ Yes □ No

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

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Remedial action completed: Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TCTL Supervisor/Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_