St. Joseph's/Candler Health System
Strep A Testing Training Checklist

Name:_____

Unit/Dept:_____

This checklist can be used to demonstrate that the employee has aquired the necessary knowledge and skills to perform the basic operations of this task in the Point of Care Setting.

The observer will iInitial and date beside the task when it is performed successfully
No patient testing is allowed until the Checklist is complete and signed by designee.

1. The Trainee understands the following:	Observer initials & date
. Patient preparation & collection for the Strep A test	_____
. Sample type/ acceptable swab for the Strep A test	_____
. Test kit storage, stability, and handling requirements	_____
. Quality Control storage, stability, and handling requirements	_____
. Resulting, acceptable results, and confirmation	_____
. The frequency of External Quality Control	_____
. Remedial action (QC/QA) and record keeping.	_____
2. The trainee demonstrates the following:	_____
. Proper patient and operator identification	_____
. Enters test strip kit lot numbers	_____
. Enters QC numbers	_____
. Performs at least 1 level of LQC.	_____
. Performs at least 1 patient test or blind Sample	_____
3. Discussed Trouble shooting and Technical Support	_____

The below signed employee has suscesfully demonstrated competency.

Employee's Signature: _____Date:_____

Trainee's Signature: _____Date:_____