

**Clinitek 50 urine reflectance meter Competency**

<b>NAME:</b>	<b>EMPLOYEE ID:</b>	<b>POSITION:</b>	<b>DEPT:</b>
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Competency: Performs under supervision: **1.** Performs without supervision: **2.**

<b>Urine test strip analysis using the Clinitek 50 meter</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
The staff member can demonstrate the following procedures:	/ /	/ /	/ /	/ /	/ /
a) Knows how to turn on the analyser.	_____	_____	_____	_____	_____
b) Understands the menu system and button function of the analyser.	_____	_____	_____	_____	_____
c) Observes universal precautions, i.e., wears gloves during procedure.	_____	_____	_____	_____	_____
d) Observes correct immersion technique when analysing samples (1 second only).	_____	_____	_____	_____	_____
e) Knows to press green button (10 seconds countdown) at same time as immersion.	_____	_____	_____	_____	_____
f) Correctly drains and blots test strip before analysis.	_____	_____	_____	_____	_____
g) Aligns test strip correctly on table.	_____	_____	_____	_____	_____
h) Knows to thaw Quality Control (QC) sample completely and mix well before analysis.	_____	_____	_____	_____	_____
i) Knows to analyse a QC sample regularly (usually daily).	_____	_____	_____	_____	_____
j) Knows how to fill in the QC charts and what to do if results fall outside ranges.	_____	_____	_____	_____	_____
k) Knows to clean analysis table between each urine sample. Knows why.	_____	_____	_____	_____	_____
l) Checks the expiry date on the urine test strip container.	_____	_____	_____	_____	_____
m) Knows to keep the lid tightly on the container and why it is important.	_____	_____	_____	_____	_____
n) Has an awareness of and has completed the Daily Maintenance Log.	_____	_____	_____	_____	_____
o) Confirms result is correct, i.e., fits with clinical picture/urine appearance.	_____	_____	_____	_____	_____
p) Knows what to do if result is suspect.	_____	_____	_____	_____	_____
q) Knows basic troubleshooting.	_____	_____	_____	_____	_____
r) Knows that all results must be fully documented in the patient record.	_____	_____	_____	_____	_____
s) Knows to <b>sign and date</b> result transcriptions.	_____	_____	_____	_____	_____
t) Has read and signed the Operator's Manual	_____	_____	_____	_____	_____
<b>For assistance, contact the CHLabs POCT Coordinator, 81850 or 0274 973 645.</b>					
POCT OPERATOR SIGNATURE					
COMPETENCY TRAINER NAME & SIGNATURE					