**Testing Personnel Training Assessment**

**Test Method: Sofia COVID-19**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROCEDURE** | **SATISFACTORY** |  |  | **UNSATISFACTORY** | **NOT APPLICABLE** | **COMMENTS/CORRECTIVE ACTIONS** |
|  |  | *Observation of Test Performance:* |
| Patient Sample Preparation (if applicable) |  |  |  |  |  |  |
| Specimen Handling/Processing |  |  |  |  |  |  |
| Testing |  |  |  |  |  |  |
| Recording/Reporting Results |  |  |  |  |  |  |
| *Assessment of Test Performance Using Known Samples* |  |  |  |  |  |  |
|  |  | *Review of Records:* |
| Patient/Quality Control Log Sheet Records |  |  |  |  |  |  |
| Proficiency Testing Records |  |  |  |  |  |  |
| *Assessment of Problem Solving Skills* |  |  |  |  |  |  |

(Attach all supporting documents)

**EVALUATOR: DATE:**

**EMPLOYEE:**