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| INSTRUCTIONSTHE PHYSICAL ENVIRONMENT COMPETENCY ASSESSMENT |
| Each of the tasks indicated on the competency assessment has three columns. The first column is marked “EXPECT”, which indicates the expected level of competency as defined below on a scale of 1 to 3. The second column is marked “COMP/INIT” which is completed by the individual staff member. “COMP” is the numerical assessment of acknowledged competency; “INIT” indicates the staff member’s initials. The final column, marked “CONCURRENCE” requires a supervisory signature to concur with the self-assessment from the second column.  Competency definitions:  1 - Training has not been received; knowledge is minimal.  2 - Training has been received; knowledge is sufficient to understand and apply the required concepts.  3 - Training has been received; knowledge is sufficient to train others.  **Keep the original completed copy of this assessment in your competency file.** |

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| **Employee’s Name:** | **Rank/Grade:** |
| **Title:** | **Department:** |
| **Supervisor’s Name:** | **Date:** |

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| **Safety** | **EXPECT** | **COMP/INIT** | **CONCURRENCE** |
| * MEDDAC Regulation |  |  |  |
| * Departmental Safety SOP |  |  |  |
| * Accident/Incident Reporting |  |  |  |
| * Unsafe/Unhealthy Working Condition Policy |  |  |  |
| * Violence in the Workplace Policy |  |  |  |
| * Bloodborne Pathogens Program |  |  |  |
| * Tuberculosis Prevention Program |  |  |  |

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| **Security** | **EXPECT** | **COMP/INIT** | **CONCURRENCE** |
| * MEDDAC Regulation |  |  |  |
| * Departmental Security SOP |  |  |  |
| * Emergency Procedures |  |  |  |
| * Incident Reporting |  |  |  |
| * Security Equipment (key control, cameras, intrusion detection system, etc.) |  |  |  |

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| **Hazardous Materials and Wastes** | **EXPECT** | **COMP/INIT** | **CONCURRENCE** |
| * Departmental SOP |  |  |  |
| * Hazard Communication/Chemical Hygiene Program |  |  |  |
| * Spill Response & Reporting |  |  |  |
| * Latex Safety Program |  |  |  |
| * Regulated Medical Waste Program |  |  |  |
| * Hazardous Waste Program |  |  |  |
| * Medical Oxygen Program |  |  |  |

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| **Emergency Management** | **EXPECT** | **COMP/INIT** | **CONCURRENCE** |
| * Emergency Operations Plan (EOP) |  |  |  |
| * Individual Role in the EOP |  |  |  |
| * Back-up Communications System |  |  |  |
| * Obtaining Equipment and Supplies |  |  |  |
| * Emergency Procedures |  |  |  |
| * Reporting Problems, Failures, and User Errors |  |  |  |

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| **Life Safety** | **EXPECT** | **COMP/INIT** | **CONCURRENCE** |
| * Fire Prevention Program |  |  |  |
| * Departmental SOP |  |  |  |
| * Fire Drills |  |  |  |
| * Selection & Use of Fire Extinguishers |  |  |  |
| * Fire Evacuation Procedures |  |  |  |
| * Use and Function of Fire Alarms |  |  |  |
| * Building Compartmentation |  |  |  |
| * Non Smoking Policy |  |  |  |

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| **Medical Equipment** | **EXPECT** | **COMP/INIT** | **CONCURRENCE** |
| * **Medical Equipment Program** |  |  |  |
| * **Safe Use of Medical Equipment (list)** |  |  |  |
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| * **Emergency Procedures** |  |  |  |
| * **Reporting Problems, Failures, User Errors** |  |  |  |

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| **Utilities** | **EXPECT** | **COMP/INIT** | **CONCURRENCE** |
| * Utilities Program |  |  |  |
| * Location and Use of Emergency Shutoffs |  |  |  |
| * Emergency Procedures |  |  |  |
| * Reporting Problems, Failures, User Errors |  |  |  |
| * Safe Use of Utility Systems |  |  |  |
| * + Medical Gas/Vacuum |  |  |  |
| * + Elevators/Escalators |  |  |  |
| * + Electrical Systems |  |  |  |
| * + Plumbing Systems |  |  |  |
| * + Nurse Call |  |  |  |
| * + HVAC |  |  |  |
| * + Line Isolation Monitors (LIM) |  |  |  |
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| * **Reporting Problems, Failures, User Errors** |  |  |  |

**Supervisor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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