

AF 12
HOKLAS APPROVED OPERATOR ASSESSMENT FORM

Name or RN of Laboratory : _____ Date of Interview : ____/____/____ Page ____ of ____

Name :	Nominated Test :
Relevant Qualifications :	
Position in Staff Structure :	
COMPETENCE	
Have necessary qualifications and/or experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adequately trained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Familiar with test procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have demonstrated competence in conducting the test?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Remarks : _____ _____	
CONDITIONS FOR APPROVAL _____ _____	
RECOMMENDATION	
Operator approval recommended	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nomination to be reviewed after conditions satisfied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name :	Nominated Test :
Relevant Qualifications :	
Position in Staff Structure :	
COMPETENCE	
Have necessary qualifications and/or experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adequately trained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Remarks : _____ _____	
CONDITIONS FOR APPROVAL _____ _____	
RECOMMENDATION	
Operator approval recommended	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nomination to be reviewed after conditions satisfied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessor :	Signature :
Team Leader :	Signature :