**SELF ASSESSMENT- COMPETENCY STATEMENT FOR**

**STERILAB URILYZER PRO II**

Ask atrained colleague to observe you carry out a patient test using the Urilyzer Pro II and carefully read, consider and tick off the following statements:

✓✓

* I have undertaken educational training or completed recertification within the last 2 years
* I know that it is a disciplinary offence to share my Operator ID or allow others to use equipment in my name
* I know of infection control measures associated with urine dipstick testing
* I know how to get supplies of Urilyzer urine dipstick strips and how to store them
* I know how to carry out and report the external quality assurance samples
* I know how to consent, prepare, and obtain patient samples for urine dipstick testing
* I understand the importance of using the correct patient identifiers on the Urilyzer Pro II
* I feel competent to carry out a patient test using the Sterilab Urilyzer Pro II
* I know and understand the importance of correctly recording test results in patient notes
* I know how to perform the required cleaning maintenance
* I know the procedure to follow in the event of an analyser failure
* My observing colleague is happy to sign to say that I have performed the test in accordance with the protocol

ONLY if you are happy with the above statements, you and your colleague should BOTH sign below and return this statement to Point of Care Testing (either by internal post or scanned to our mailbox [POCT.Team@york.nhs.uk](mailto:POCT.Team@york.nhs.uk))

|  |  |
| --- | --- |
| **Your name and Operator ID** (if known)**:** |  |
| **Your signature:** |  |
| **Ward/Department:** |  |
| **Name and signature of Observer/Trainer:** |  |
| **Date:** |  |