



## Kidney Solutions Water Testing Competence Assessment Form

<b>Name</b>		<b>Employee number:</b>	
<b>Date of Assessment</b>			

Instructions: Please place **yes** or **no** in the Observation box.

	Plans work in accordance to WHS standards and codes of practice	OBSERVATION	COMMENTS
1.	Identifies potential hazards such as: <ul style="list-style-type: none"><li>• <b>Tripping hazards:</b> Electrical cords, wet floors, uneven surfaces, clutter</li><li>• <b>Falling objects:</b> Unsecured furniture, equipment, or materials</li><li>• <b>Poor lighting:</b> Insufficient or flickering lighting</li><li>• <b>Obstacles:</b> Chairs, tables, or other objects obstructing walkways</li></ul>		
4.	Conducts testing procedure as per water testing procedure guidelines in the policy HHD03-04-31		
5.	Records analysis in water testing sheet and records results (Chloramines folder)		
7.	Takes appropriate action if levels are unsafe – Inform KS Clinical Service Director for instruction!		
8.	Cleans and store equipment in appropriate place		

**COMPETENT** / **NOT COMPETENT** (Please circle)

I have read the mandatory policies and agree with the assessment outcome.

Kidney Solutions Clinical Service Director's Name and Signature: \_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_

Comments:

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