



Training & Competency Record

Trainee Name: _____

Arm Preparation

Training Requirements	Competency Assessment		Competent?		
	Actions:	Criteria/Results:	Yes	No	Initials/date
<ul style="list-style-type: none"> Arm Prep SOP XXX 	Selects Vein.	<ul style="list-style-type: none"> Determines which arm is to be used and if a suitable vein is available Avoids areas of excessive scarring/pitting. Identifies venipuncture site. Applies tourniquet Defers donor if suitable vein is not available and documents according to SOP 			
	Prepares arm for venipuncture	<ul style="list-style-type: none"> Ensures sponge is saturated before beginning scrub Scrubs area for a minimum of 30 seconds Scrubs area that is 3 inches in diameter Does not touch site after scrub Does not fan the area to facilitate drying Recognizes situations when re-scrubbing of the site is necessary 			

The evaluator or trainer will conduct a Competency Assessment based on the listed actions, criteria, and applicable SOPs. To perform this task independently, the employee must demonstrate that he or she is fully "Competent" based on the listed criteria. The employee signature indicates that he or she has read, understands, and is qualified, competent and skilled to perform the tasks or procedures listed.

Employee Signature/Date

Trainer/Evaluator Signature/Date