**Worksheet 1: Interview 4-63**

**Time for a Chat**

Review the requirements below (2 minutes) to familiarize yourself with the checklist content.

**Auditor:** Begin with an individual opening meeting (no more than 1 minute) and then start with a broad question. Carefully listen to the auditee’s response.

At the conclusion of the discussion: go through the requirements again and determine how many of the requirements your conversation addressed, and what you might need to ask next, or who else you might need to talk to.

**Auditee:** Talk about the process for 4-5 minutes. Think about your own lab to answer the questions. Answer to the best of your ability.

After round one, switch roles between auditor and auditee.

**Auditor #1**

|  |  |  |
| --- | --- | --- |
| **REQUIREMENT** | **Y** | **N** |
| * 1. **Information for patients and users**

Are guidelines for patient identification, specimen collection (including client safety), labelling, and transport readily available to persons responsible for primary sample collection? |  |  |
| **8.2 Does the laboratory adequately collect information needed for examination performance?** |  |  |
| **8.3 Are adequate sample receiving procedures in place?** |  |  |
| 1. Patient Unique Identifier
 |  |  |
| 1. Are received specimens evaluated according to acceptance/rejection criteria?
 |  |  |
| 1. Are specimens logged appropriately upon receipt in the laboratory (including date, time, and name of receiving officer)?
 |  |  |
| 1. Are procedures in place to process “urgent” specimens and verbal requests?
 |  |  |
| 1. When samples are split, can the portions be traced back to the primary sample?
 |  |  |
| 1. If not a 24 hour lab, is there a documented method for handling of specimens received after hours?
 |  |  |
| 1. Are specimens delivered to the correct workstations in a timely manner?
 |  |  |

**Auditor #2**

|  |  |  |
| --- | --- | --- |
| **REQUIREMENT** | **Y** | **N** |
| * 1. **Storage Area**

**Are storage areas set up and monitored appropriately?**  |  |  |
| 1. Is the storage area well-organized and free of clutter?
 |  |  |
| 1. Are there designated places for all inventory items for easy access?
 |  |  |
| 1. Is adequate cold storage available?
 |  |  |
| 1. Are storage areas monitored as per prescribed storage conditions?
 |  |  |
| 1. Is the ambient temperature monitored routinely?
 |  |  |
| 1. Is storage in direct sunlight avoided?
 |  |  |
| 1. Is the storage area adequately ventilated?
 |  |  |
| 1. Is the storage area clean and free of dust and pests?
 |  |  |
| 1. Are storage areas access-controlled?
 |  |  |
| * 1. **Inventory Organization and Wastage Minimization**

Is First-Expiration-First-Out (FEFO) practiced? |  |  |
| * 1. **Product Expiration**

Are all reagents/test kits in use (and in stock) currently within the manufacturer-assigned expiration or within stability? |  |  |