Competency Checklist

Date: 

Employee Name: 

Preceptor/Evaluator’s Name: 

Competency: Demonstrates Knowledge Regarding the Department Specific Right to Know Policy

INDICATORS OF PERFORMANCE LEVEL SUMMARY

<table>
<thead>
<tr>
<th>How Met</th>
<th>Level of Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>1  Below expected standards</td>
</tr>
<tr>
<td>V</td>
<td>2  Fully meets standards</td>
</tr>
<tr>
<td>T</td>
<td>3  Well above standards. May precept peers</td>
</tr>
<tr>
<td>NA</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

If overall performance or competency is rated below the minimum competency level of 2, that performance or competency must be reassessed within 30 days of this review.

The employee demonstrates skills and competence in the following:

Reviewed “Department and Specific Right to Know” policy # SAF-765-300

1. The chemical and common names of the substance, unless claimed as trade secret by the manufacturer.
2. The location of the substance in the workplace.
3. First aid treatment and antidotes in case of overexposure.
4. Proper and safe; handling practices.
5. The adverse health effects of the substance.
6. Appropriate emergency procedures.
7. Proper procedures for clean-up of leaks and spills.
8. Potential for flammability, explosion and/or reactivity.
9. MSDS Online

My supervisor/Charge Nurse/Preceptor explained the above information to me. I understand my rights under the Right to Know Law under Florida Statutes.

☐ Employee is competent to perform the above tasks independently and without supervision

☐ Employee’s level of competence is below 2. Reassess competency on: ________________________________________

Employee’s Signature: ________________________________________

Evaluator’s Signature: ________________________________________