



PHLEBOTOMIST SKILLS EVALUATION - SELF ASSESSMENT

Level of Proficiency

Date: _____ A = Never Performed. I have never performed the stated task and have no experience with this type of skill.

Name: _____ B = Familiar with. I am familiar with the stated task; but I would need more experience and practice to feel comfortable and proficient with this type of skill.

Signature: _____ C = Experienced in. I have performed this task several times; I feel moderately comfortable functioning independently, but you would require a resource person to be nearby.

Please select the column that most accurately describes your proficiency level... D = Expert. I have performed this task frequently. I feel comfortable and proficient in this skill. I would not require supervision or practice.

Phlebotomist	A	B	C	D		A	B	C	D
Patient Identification					Equipment cont.				
Inpatient identification					RSV kits				
Infants and young children identification					Glucola				
Emergency department identification					Red top tubes (plain)				
Ambulatory patient identification					Light blue top tubes (Coag: Sodium citrate)				
Other (list):					Serum separator (SST, tiger top, speckle)				
					Green top (Heparin, Lithium, Na+, ammonium)				
Equipment					Purple top (EDTA)				
Alcohol swabs					Gray top (Na+ fluoride and K+ oxalate)				
Arterial blood gas kits					Brown top (Lead)				
Cotton swabs					Butterfly needles				
Occult blood packets					Other (list):				
Heel warmers									
Infant restraints					General				
Laboratory requisitions					Patient positioning				
Pin worm kits					Venipuncture sites				
Serum separators					Warming the puncture site				
Vacutainer holder					Tourniquet application and removal				
Vacutainer tubes					Decontamination of the puncture site				
Blood culture bottles					Blood-borne pathogens exposure control plan				
Blood culture preparation kits					Tuberculosis exposure control plan				
Centrifuge					PPE (personal protective equipment)				
24 hour urine containers					Disposal of contaminated items				
Capillary blood kits					Biohazard waste containers				
Bacteria media					Post venipuncture site care				
Drug screen kits					Order of tube collection				
Ova parasite containers					Skin puncture sites				
Legal blood draw kits									
Paternity blood draw kits									



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Date: _____

Name: _____ Years of Experience: _____

Signature: _____

Phlebotomist	A	B	C	D		A	B	C	D
Complications/ Troubleshooting					Techniques				
Fainting					Venipuncture				
Hematoma					Heel stick				
Failure to draw blood					Finger stick				
Petechiae					Microcapillary skin puncture				
Excessive bleeding					Other (list):				
Mastectomy									
Edema					Transport				
Collapsed veins					Chilled specimens				
Hemolysis					Warmed specimens				
Burned or scarred areas					Protection of specimens from light				
Other (list):					Microbiological specimens				

Reviewed by: _____

Date Reviewed: _____

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