

ACL TOP® Family

Task	Resource	How Measured?	Achieved?		N/A	Date	Trainee Initial	Trainer Initial
			Y	N				
REVIEW HAZARDS & SAFETY								
Review MSDS	www.beckman.com/customersupport/msds/msds.asp MSDS manual in lab	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Recognize Hazard Symbols	ACL TOP Operator's Manual	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INSTRUMENT OVERVIEW	Prerequisite Reading ACL TOP Operator's Manual	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SOFTWARE OVERVIEW	ACL TOP Family Training Manual ACL TOP Operator's Manual	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PERFORM MAINTENANCE ACTIVITIES	ACL TOP Family Training Manual ACL TOP Operator's Manual							
Daily Maintenance		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Additional Maintenance		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
REAGENT HANDLING & REAGENT AREA	ACL TOP Family Training Manual ACL TOP Operator's Manual	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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SAMPLE HANDLING	ACL TOP Family Training Manual ACL TOP Operator's Manual Laboratory Policy and Procedure Manual							
Sample processing and storage		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Analyze Samples		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Review and Validate Sample Results		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
QUALITY CONTROL	ACL TOP Family Training Manual ACL TOP Operator's Manual							
Analyze QC		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Review QC		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
VERIFYING RESULTS – LIS	Laboratory Policies and Procedures Manual	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ADVANCED TOPICS	ACL TOP Family Training Manual ACL TOP Operator's Manual							
Calibration		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Test Setup		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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