

## NM SCHOOL Lab Site Visit Review Tool

**Laboratory:**

**REGIONAL SCHOOL HEALTH ADVOCATE:**

**Visit Date:**

If the laboratory receives a non-compliance for a review item, a **Lab Improvement Report** is required.

| <b>Laboratory Cleanliness and Organization</b>  |   | <b>Compliance</b>            |                             |                              | <b>Comments</b> |
|---|---|------------------------------|-----------------------------|------------------------------|-----------------|
| 1.  | Lab & lab equipment clean and organized.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 2.  | Lab Hard Surface Disinfecting Log in use.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 3.  | Food and drink kept outside of the lab.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 4.  | Lab pencils, scissors, tape, paper, paperclips, etc. kept in the lab.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| <b>Administrative Duties</b>                    |   |                              |                             |                              |                 |
| 5.  | Current Lab Standard Operating Procedure (SOP) manual accessible.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 6.  | All supplies, Vacutainers, syringes etc. in date.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 7.  | Lab SOP Acknowledgement & Receipt of New/Revised Clinical Protocol signed.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 8.  | All appropriate CAP /CLIA certificates available and posted.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 9.  | Only current versions of forms and logs in use.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 10.   | Authorized Testing Personnel Summary completed.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 11.   | Ambient air temperature verified, within range & correctly documented on Temperature Log twice daily.                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 12.   | Training & Competency Record and testing completed by all staff performing lab tests (annually).                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| <b>QC Monitoring</b>                            |   |                              |                             |                              |                 |
| 13.   | Abbott BinaxNOW QC performed at the appropriate intervals, within normal range, and the results documented on QC Log.     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| <b>Reports and Reporting</b>                    |   |                              |                             |                              |                 |
| 14.   | Student/Staff results documented in Result Log.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 15.   | Quality Assurance Monitor completed monthly.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 16.   | Student/staff clinical records reviewed for completed lab results, and follow-up documentation based on # tests performed | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| 17.   | Lab Improvement Report QC Monitor Form used correctly, reviewed for failed QC &/or test results, and all forms completed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |                 |
| <b>NM School Laboratory Site Review Summary</b> |   |                              |                             |                              |                 |