

ESRD SURVEY WORKSHEET: PERSONNEL FILE REVIEW

Facility Name:

Facility Staff Signature:

Date:

ID #	Name/Position Full-Time (FT) Part-time (PT) Agency (A)	Hire Date/ Orientation	License/ Cert Expiration Date	CPR Expiration Date	*TB Evaluation Date	Hepatitis Vaccine or Decline	Competencies Documented Date	Emergency Procedures, Infection Control Training	**Water, Dialysate, Machine, Reuse Training

***If required by State regulation **Must pass color blindness testing if using colormetric testing methods**

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