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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