

# ESRD CORE SURVEY FACILITY WORKSHEET: PERSONNEL FILE

Facility Name:

Facility Staff Signature:

Date:

ID #	Name/Position <i>Full-Time (FT)</i> <i>Part-time (PT)</i> <i>Agency (A)</i>	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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