

CHECKLIST FOR POCT AUDIT

BPOCT003/2022

Name & Location: _____

Name of Auditor*: _____

**Auditor for Health Facilities = Competent personnel assigned by Officer-in-Charge*

Date: _____

	POCT Device:		Device 1	Device 2	Device 3	Device 4
No	Areas	Details of Assessment	**Findings & Comments			
	1	Environment				
		Suitable location				
		Adequate space				
		Suitable temperature for analysis				
		Accessible by user				
2	Device Management					
	2.1 Maintenance	Daily / weekly / monthly maintenance performed				
		Maintenance log updated				
		Planned Preventive Maintenance				
	2.2 Breakdown	Records of breakdown / downtime (note length of time)				
		Record and documentation of troubleshooting / corrective action				
3	Quality Activity					
	3.1 IQC Implementation	Frequency of IQC - following recommendation in guidelines				
		IQC review - dated and signed				
		Corrective action and troubleshooting				
		Proper record and documentation of QC lot, acceptable range and mean				
	3.2 EQA / Peer group comparison	Participation in EQA				
		EQA review - dated and signed				
		Corrective action and troubleshooting				
		Proper record and documentation				

4	Sample				
		Proper sample handling			
		Use of correct container / preservative			
		Disposal of sample			
5	Results Management				
		Reporting of results - at least 2 unique identifiers			
		Results traceability			
		Recording of results onto patients record / file			
6	Training and Competency				
		All users trained			
		Training records updated			
		Competency log updated			
		List of competent users updated			
7	Storage of Reagents / QC materials / Consumables				
		Appropriate storage temperature			
		Monitoring and charting of storage temperature			
		Updated Bin Card/KEW Card			
		Opened date - recorded			
		Expiry date - recorded			
8	Health and Safety				
		Appropriate PPE			
		Biohazard waste bin			

Name of Auditee :

Name of Auditor :

Designation :

Designation :

Date :

Date :