

6 part folder BMAR audit form

New inserts in folder? yes no If not go get them and return for audit.

Name: _____ **Supervisors Name:** _____

Date you arrived at MAMC: _____ **Do you give direct patient Care?** yes no

*Section 1 – Organization level orientation	Go	No go
-NEO Date		
-BMAR Date		
Section 3 – Job Description		
-Available		
-Signed and dated		
*Section 4 – Unit Level Orientation & competency Assessment		
-Unit level orientation completed		
-Signed and dated		
-Competency criteria present – <i>not credentialed staff</i>		
-Competency criteria assessed - <i>not credentialed staff</i>		
-Competency criteria signed & dated - <i>not credentialed staff</i>		
*Section 5 – Ongoing Competency – cred. Staff only need annual unit level training sheet		
Section 6 – Age Specific Competency	NA	
-Both initial and annual completed?		
-Signed and dated?		

** These sections required for all employees*

Privacy Act Information present? yes no (If so remove it, or blacken with a marker)

Comments:

_____ After folder is reviewed and if **folder is compliant** return this form to Station 1. Return folder to your section.

_____ If **folder is non-compliant** return to your section, and your supervisor or unit educator can assist you with compliance issues. Return form to station one.

Assessed by: _____ Individual: _____ 7/29/03