

Trainee Name: _____

Training Coordinator: _____

LOADING AND RUNNING THE CAPILLARY ELECTROPHORESIS INSTRUMENT TRAINING DOCUMENTATION FORM

MODEL NUMBER (circle one): **3130xl** **3500xl**

Each section in the chart below must be initialed and dated by the training coordinator. If any task is not completed, this must be explained in the training file and approved by the Program Manager. A separate Training Documentation Form per model number is required.

TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Required Readings/SOPs				
Observation of Run by Coordinator or Designee				
Observation of Data Analysis by Coordinator or Designee				
Observation of Maintenance Tasks: (as applicable to model number)				
Replenish Polymer				
Prep/Change buffer				
Replace Buffer Cartridges				
Run Water Wash				
Run Wash Pump Channels				
Flush Water Trap				
Change Array				
Spectral Calibration				
Defrag Hard Drive				
Performance of Maintenance Tasks: (as applicable to model number)	Dating and initialing the COMPLETE DATE column (after all three required performances are dated and initialed) for any one task qualifies the FLS to perform that task independently while continuing to train in this module.			
Replenish Polymer				Dates completed: 1 st _____, 2 nd _____, 3 rd _____

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TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Performance of Maintenance Tasks: (as applicable to model number)	Dating and initialing the COMPLETE DATE column (after all three required performances are dated and initialed) for any one task qualifies the FLS to perform that task independently while continuing to train in this module.			
Prep/Change buffer				Dates completed: 1 st _____, 2 nd _____, 3 rd _____
Replace Buffer Cartridges				Dates completed: 1 st _____, 2 nd _____, 3 rd _____
Run Water Wash				Dates completed: 1 st _____, 2 nd _____, 3 rd _____
Run Wash Pump Channels				Dates completed: 1 st _____, 2 nd _____, 3 rd _____
Flush Water Trap				Dates completed: 1 st _____, 2 nd _____, 3 rd _____
Change Array				Dates completed: 1 st _____, 2 nd _____, 3 rd _____
Spectral Calibration				Dates completed: 1 st _____, 2 nd _____, 3 rd _____
Defrag Hard Drive				Dates completed: 1 st _____, 2 nd _____, 3 rd _____

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TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Load and Run Plates Under Supervision (≥ 5 plates / ≥ 10 samples/plate)				
Plate 1				
Plate 2				
Plate 3				
Plate 4				
Plate 5				
(Extra Plate?)				
(Extra Plate?)				
Data Analysis on Training Plates:				
Plate 1				
Plate 2				
Plate 3				
Plate 4				
Plate 5				
(Extra Plate?)				
(Extra Plate?)				
Training Q&A Sessions: (Minimum of one)	Number will vary based upon need of trainee as assessed by the training coordinator. Not all rows need be used. Document name of person(s) conducting Q&A in the comments field.			
Q&A 1				
Q&A 2				
Q&A 3				
Q&A 4				
Training Notebook Review(s): (Minimum of one)	Number of times will vary based upon need of trainee as assessed by the training coordinator. Not all rows need be used.			
Review 1				
Review 2				
Review 3				

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TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Final Steps for Qualification:				
Final 10 Sample Competency				
Final Notebook Review				
Final Oral Question and Answer				

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