



Accu-Chek® Inform II Glucose Meter TRAINING CHECKLIST

Name - First/Last (Please Print):	Position:	Site/Dept/Unit:	Employee #/Operator ID:	
			Performed	Not Performed
1. Verifies correct patient by using two identifiers				
2. Performs Hand Hygiene and dons gloves				
3. Presses button to power meter on.				
4. Identifies how to check battery status to ensure adequate power.				
5. Enters operator ID using manual keypad entry				
6. Describes storage requirements and expiration dates of QC vials and test strips. Dates QC vials when opened.				
7. Correctly scans barcode test strip and QC Lot info				
8. Prepares the QC solution correctly (inverts vial, wipes vial tip and discards first drop)				
9. Performs quality control testing QC solutions				
10. Describes corrective action procedure when QC fails (eg: add comment in meter, troubleshooting form, notify lab)				
11. Scans the strip lot and inserts the strip correctly				
12. Describes skin puncture procedure including proper identification of puncture site, use of appropriate lancet device, use of antiseptic and discarding first drop.				
13. Simulates patient sampling and applies gauze and pressure when complete.				
14. a) Identifies critical values and required follow-up action steps per Mosby's procedures.				
14. b) Identifies when to initiate confirmatory laboratory glucose testing per Mosby's procedures.				
15. Simulates meter cleaning procedure as per Mosby's procedures.				
16. Explains importance of proper placement of meter in base unit – Light → Green (wired) & Blue (wireless)– for downloading & recharging				
17. Disposes of bio-hazardous material according to FHA Policy.				
18. Describes how to document results immediately to prevent errors including date, time, year & user name				
19. Has completed Accu-Chek® Inform II Quiz				
20. Explains annual competency requirements: 1 High QC, 1 Low QC, 5 patients, complete CCRS e-learning module & quiz.				
21. Complete all items on the Accu-chek Inform Training Checklist and hand in to "We Care" Nurse.				

Employee Signature: _____ Date: _____

Name of
Instructor/Reviewer: _____ Signature: _____ Date: _____

User ID entered into Cobas IT1000 by: _____ Date: _____