

**OWM On-the-Job Training and Mentoring
Worksheet Form**

Employee/Trainee Name:

Trainer/Mentor Name:

Topic/Procedure:

GENERAL Measurable Training/Learning Objectives Applicable for all SOPs	Trainee Initials and Date	Mentor Initials and Date
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DESCRIBE (and FOLLOW/USE) applicable safety and protective equipment requirements for this SOP		
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DESCRIBE (and PERFORM) laboratory process for receipt, handling, storage, and return of related customer standards (noting issues unique to this SOP)		
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DESCRIBE (and FOLLOW) laboratory process for preparing calibration certificates (and amendments)		
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DESCRIBE (and FOLLOW) laboratory process for documenting non-conformities to laboratory procedures and/or ISO/IEC 17025		
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PERFORM this SOP while DESCRIBING steps as if for an assessor		
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SOP ____ Measurable Training/Learning Objectives	Trainee Initials and Date	Mentor Initials and Date
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Trainee Final Observations/Assessments Summary:

Describe how confident you are with finding all the files and resources in your laboratory that are needed to perform this calibration, prepare a certificate, and return items to customers? What additional training do you think you need to improve? How much additional time performing this calibration do you think you need to feel confident? What additional questions do you have or follow up would you like to see?

Trainer Observations/Assessments Summary:

Describe in your own words: How closely did the trainee follow the SOP? How many times and what nominal values/standards/equipment were used when you demonstrated the procedure AND when you observed the trainee performing the procedure? How did your measurement results agree? How did their values look on the laboratory control chart(s)? Were they able to describe the procedure to your satisfaction? Were gaps observed? Is additional follow up needed? What additional assessments did you observe that help to ensure that learning objectives were met?

Objective Evidence Assessed by Trainer/Mentor (maintenance of electronic records is encouraged):

- Reading Outline (completed by trainee, reviewed by trainer/mentor, discussed)
- Video of Demonstration/Performance (optional, recommended)
- Data Sheet(s) of completed measurements
- Traceability Assessment of Laboratory Standards Used completed by trainee (Using GMP 13 forms, with list of laboratory files/locations)
- Calculations for the SOP with work shown by hand or in Excel with Validation Notes
- Spreadsheet File(s) PDF print-out of data entry of completed measurements
- Control Chart record showing trainer/mentor data and trainee data and evaluation of control charts with SOP 9 checklist evaluation
- Independent Uncertainty analysis following applicable SOP and SOP 29, comparison with official laboratory uncertainties
- Calibration Certificate for calibrations performed by trainee
- Calibration Certificate marked up as reviewed for compliance with SOP 1 and applicable SOP
- List of laboratory files reviewed by trainee:
 - Template Spreadsheet File:
 - Completed Spreadsheet File(s):

Applicable Proficiency Test(s):	Date of Calibration:	PT Evaluation Report (Name, Date)

Employee/Trainee Signature:	Trainer/Mentor Signature:
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Recommended for Approved Signatory Status (Name, Title, Signature):

Approved for signatory status by NIST Office of Weights and Measures (name & date);