



## Laboratory Peer-to-Peer Training Form

<b>General Information</b>	
Trainee Name:	
Contact Info:	
License Number:	
Name of Hosting Facility:	
Visit Date:	
Trainer Name(s):	
Trainer Contact Info:	

<b>Preliminary Info (fill this out before visit)</b>	
List what your lab tests for on a typical basis.	
List at least three topics you hope to better understand.	
What are some issues you have struggled with at your own facilities lab?	
How would you like to spend your time during this visit?	
What are you hoping to gain/learn from this experience?	

**Training Info (fill this out after visit)**

Time in:

Time out:

How did you spend your time at the hosting facility lab?

Which lab procedures did you review?

Did you discover any differences or new methods pertaining to the tests you run? List them.

How does the hosting lab organize and maintain their data?

How does the hosting lab operate their QA/QC program?

How does the hosting lab organize and maintain their SOP library?

<p>What does the hosting lab do to ensure safe work practices?</p>	
<p>Does the hosting lab also do data interpretation for process control? If so, describe how.</p>	
<p>List 3 examples of how the hosting lab differs from your own.</p>	
<p>What lab related challenges has the hosting facility faced, and how were they dealt with?</p>	
<p>List 3 things that you have learned during your visit that you might be able to apply to your own facility.</p>	
<p>Are there any issues that are dealt with differently in your lab that could be useful to the hosting lab?</p>	

Do you have any suggestions about how this training program could be improved in the future?	
Would you or anyone at your facility be interested in providing similar training to others?	
Any other comments or notes.	

Trainee signature:		Date:
Trainer/Host signature:		Date:
Trainee Supervisor signature:		Date: