



# In-Service Training Log – Commerce

Date:

8/12/2021

Type of Meeting:

All Staff

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25	Toni Anderson			Colostomy bag refresher
.25	Cortney Kelly			CSIPA/SIPA updates Roland missing / Hollie Schwette
.25	Cortney Kelly / Dayna Gordon			DSP Hours / time clock training

Make up Date	Initial	EE ID	Last Name
	AA	e0002	Alberg, Ann
	DB	e0792	Barnes, Destiny
	LB	e0684	Bauernfeind, Lori
	IC		Cooper, Isabelle
	h	e0013	Champagne, Linda
	EW		Wubben, Erica
	NS	e0107	Gangl, Nicolle
	JK	e0339	Haug, Jesse

Make up Date	Initial	EE ID	Last Name
	JK	e0845	Kriel, Justyn
	AB		Bufferding, Austin
	DN	e0533	Nelson, Dawn
	MB	e0068	Patrick, Monti
	SD	e0089	Stover, Shelley

Make Up Date	Initial	EE ID	Managers/Admin
		e0829	Kmetz, Kevin
	DO	e0847	Gordon, Dayna
	CK	e0809	Kelly, Cortney

Make up Date	Initial	EE ID	Other Attendees
		e0529	Shattuck, Kelli

## Employee Training for Colostomy Care

EMPLOYEE Ann Alberg

DATE 8/12/21 LENGTH OF TRAINING .25

TYPE OF PROCEDURE Colostomy Bag empty

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Ann Alberg  
Employee Signature

J. Ann R. D.  
Nurse Signature

## Employee Training for Colostomy Care

EMPLOYEE DESTINY BARNES

DATE 8/12/21 LENGTH OF TRAINING .25

TYPE OF PROCEDURE Emptying bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

1. Purpose and effects of procedure

2. Equipment necessary for procedure

3. Specific protocol

4. Consequences if procedure is not performed correctly

5. Symptoms and signs requiring physician notification

6. Information about contacting nurse or doctor

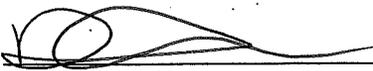
7. Procedure for cleaning/replacing equipment

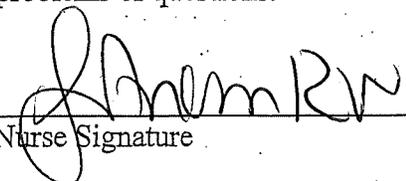
8. Location of written procedure and protocol

9. Other \_\_\_\_\_

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

  
Employee Signature

  
Nurse Signature

## Employee Training for Colostomy Care

EMPLOYEE Lori Bauernfeind

DATE 8/12/21 LENGTH OF TRAINING 25

TYPE OF PROCEDURE Emptying Bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Lori Bauernfeind  
Employee Signature

[Signature]  
Nurse Signature

# Employee Training for Colostomy Care

EMPLOYEE Austin Boffenberg

DATE 8/12/21 LENGTH OF TRAINING 25

TYPE OF PROCEDURE Emptying Bag

## THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Austin Boffenberg  
Employee Signature

[Signature]  
Nurse Signature

# Employee Training for Colostomy Care

EMPLOYEE Linda Champagne

DATE 8/12/12 LENGTH OF TRAINING 25

TYPE OF PROCEDURE emptying bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Linda Champagne  
Employee Signature

[Signature]  
Nurse Signature

## Employee Training for Colostomy Care

EMPLOYEE Isabelle Cooper

DATE 8-12-21 LENGTH OF TRAINING .25

TYPE OF PROCEDURE Empty bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Isabelle Joy Cooper  
Employee Signature

J. Ann RW  
Nurse Signature

# Employee Training for Colostomy Care

EMPLOYEE Nicolle Gungl

DATE 8/12/21 LENGTH OF TRAINING 25

TYPE OF PROCEDURE Empty Bag

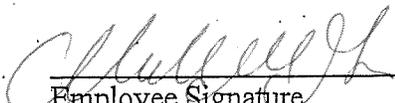
THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

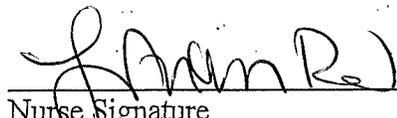
Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

  
Employee Signature

  
Nurse Signature

# Employee Training for Colostomy Care

EMPLOYEE Dayna Gordon

DATE 8/12/2021 LENGTH OF TRAINING 25

TYPE OF PROCEDURE Emptying an Ostomy Bag

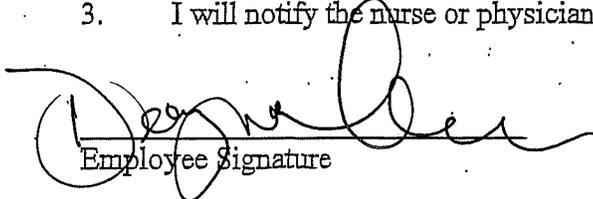
THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

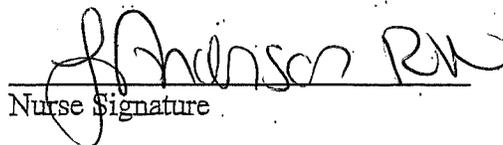
Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

  
Employee Signature

  
Nurse Signature

## Employee Training for Colostomy Care

EMPLOYEE Jesse Haug

DATE 8-12-21 LENGTH OF TRAINING .25

TYPE OF PROCEDURE empty bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Jesse Haug  
Employee Signature

J. Hamer  
Nurse Signature

## Employee Training for Colostomy Care

EMPLOYEE Courtney Kelly  
DATE 8/12/2021 LENGTH OF TRAINING 15 minutes  
TYPE OF PROCEDURE Colostomy bag / emptying

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Courtney Kelly, ps  
Employee Signature

J. Ann RN  
Nurse Signature

# Employee Training for Colostomy Care

EMPLOYEE Justyn Kriedel

DATE 8/12/21 LENGTH OF TRAINING .25

TYPE OF PROCEDURE ~~colostomy~~ bag

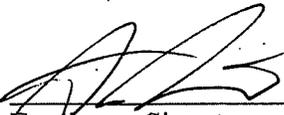
THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

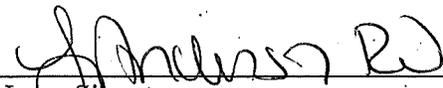
Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

  
Employee Signature

  
Nurse Signature

# Employee Training for Colostomy Care

EMPLOYEE Dawn Nelson

DATE 8/12/21 LENGTH OF TRAINING .25

TYPE OF PROCEDURE Emptying Ostomy Bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Dawn Nelson  
Employee Signature

[Signature]  
Nurse Signature

# Employee Training for Colostomy Care

EMPLOYEE Monti Patric

DATE 9/12/21 LENGTH OF TRAINING .25

TYPE OF PROCEDURE empty bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Monti Patric  
Employee Signature

J. Anderson RN  
Nurse Signature

# Employee Training for Colostomy Care

EMPLOYEE Michelle Stover Michelle Stover  
DATE 8/13/21 LENGTH OF TRAINING 25  
TYPE OF PROCEDURE emptying bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- 1. Purpose and effects of procedure
- 2. Equipment necessary for procedure
- 3. Specific protocol
- 4. Consequences if procedure is not performed correctly
- 5. Symptoms and signs requiring physician notification
- 6. Information about contacting nurse or doctor
- 7. Procedure for cleaning/replacing equipment
- 8. Location of written procedure and protocol
- 9. Other \_\_\_\_\_

**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**

- 1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
- 2. I will perform the procedure according to the written instructions.
- 3. I will notify the nurse or physician of problems or questions.

Michelle Stover  
Employee Signature

J. Stover RN  
Nurse Signature

## Employee Training for Colostomy Care

EMPLOYEE Erica Wabben

DATE 08/12/21 LENGTH OF TRAINING .25

TYPE OF PROCEDURE empty bag

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                                     |   |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Purpose and effects of procedure                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Information about contacting nurse or doctor         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. Location of written procedure and protocol           |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Other _____  |

**THE EMPLOYEE HAS SUCCESSFULLY  
DEMONSTRATED THEIR SKILL IN PERFORMING THIS  
PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Erica Wabben

Employee Signature

[Signature]

Nurse Signature