

Log Book

for

On - the - Job Training (OJT)

COVID Frontline Worker (Sample Collection Support)
HSS/Q0502 (v1.0)

Candidate's Signature:

Training Centre Coordinator's Signature:



Logbook for On-the-Job Training (OJT)

COVID Frontline Worker (Sample Collection Support)
HSS/Q0502 (v1.0)

Name of the Candidate

Name of Healthcare Organization (HCO)

Period of Training (78 days), 3 months

From (Date)

To (Date)



<u>Training Centre Coordinator</u>: The person who may be trainer or administrative personnel from training centre who would be coordinating with healthcare organization for on-job training of candidate.

<u>Head/Supervisor of Healthcare Organization</u>: A Senior Management personnel of healthcare organization, preferably Medical Superintendent or medical director or Department head.

Duty Department: Department of Healthcare Organization where the candidate's duty is being allocated.

<u>Mentor of Duty Department</u>: The technical official of the duty Department under whom the candidate has been allocated for mentorship. The official preferably having 3 years of experience in the technical field.

<u>Supervisor of Duty Department</u>: A senior personnel from the duty department preferably department head/in-charge.



Candidate Details:	
Name of the Candidate:	Father's/Guardian's Name:
Candidate Enrolment No. (SIP/Aadhaar Last No.)	
Training Centre Coordinator Details:	
Name, Designation & Contact Details of Training Centre Co	oordinator:
Head/Supervisor of HCO (Healthcare Organization where Onesignation & Contact Details of Head/Supervisor	OJT is undertaken) Details:

Candidate's Signature:

Training Centre Coordinator's Signature:



Guidelines for filling the Logbook.

<u>Objective:</u> To capture the learning experience of candidates, the activities performed by the candidates in different departments of HCO to meet overall outcomes and performances outlined in QP-NOS/Curriculum.

How to fill:

There are 6 Sections:

Daily entries to be made in the logbook and signed by candidate and supervisor/mentor/training coordinator.

Section 1: Attendance/Duty Tracker: All columns to be filled by candidate except Supervisor's Remarks

<u>Section 2: Daily Tracker:</u> All columns to be filled by candidate except_Supervisor's Comments on Candidate performance, Rating on Scale 0-5, and Supervisor's Sign.

There may be multiple Departments in which candidate has worked for element of particular NOS. However, the mentioned columns to be filled by the supervisor of Duty Department with whom he has maximally worked for the element in consultation of mentors of all duty departments with whom candidate has worked for element of particular NOS.

<u>Section 3: Score Matrix:</u> All columns to be filled by Head/Supervisor of Healthcare Organization (HCO).

Section 4: Snapshots of OJT: Candidate needs to paste the photos, preferably while working in each department/each NOS.

Section 5: Overall Comments/Observations: Sections to be filled by Candidate and Head/Supervisor of Healthcare Organization (HCO).

Section 6: Summary of OJT: Sections to be filled by Candidate, Training Centre Coordinator and Head/Supervisor of Healthcare Organization (HCO).



Section 1



Attendance/Duty Tracker

Name of the Candidate:	
Name of Job Role: COVID Frontline Worker (Sample Collection Support)	QP Code of Job Role: HSS/Q0502

Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
1.				
2.				
3.				
4. 5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



Name of the Candidate:	
Name of Joh Role: COVID Frontline Worker (Sample Collection Support)	OP Code of Joh Role: HSS/00502
Name of Job Role: COVID Frontline Worker (Sample Collection Support)	QP Code of Job Role: HSS/Q05

Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				



Name of the Candidate:	
Name of Job Role: COVID Frontline Worker (Sample Collection Support)	QP Code of Job Role: HSS/Q0502

Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				



Name of the Candidate:	
Name of Joh Role: COVID Frontline Worker (Sample Collection Support)	OP Code of Joh Role: HSS/00502
Name of Job Role: COVID Frontline Worker (Sample Collection Support)	QP Code of Job Role: HSS/Q05

Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				
57.				
58.				
59.				
60.				



Attendance/Duty Tracker

Name of the Candidate:	
Name of Joh Role: COVID Frontline Worker (Sample Collection Support)	OP Code of Joh Role: HSS/O0502
Name of Job Role: COVID Frontline Worker (Sample Collection Support)	QP Code of Job Role: HSS/Q050

Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
61.				
62.				
63.				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				
72.				
73.				
74.				
75.				



Name of the Candidate:	
Name of Job Role: COVID Frontline Worker (Sample Collection Support)	QP Code of Job Role: HSS/Q0502

Day	Duty Department	Date	Candidate Signature	Mentor/Supervisor's Sign
76.				
77.				
78.				
79.				
80.				
81.				
82.				
83.				
84.				
85.				
86.				
87.				
88.				
89.				
90.				



Section 2



Name of the Candidate (Candidate ID):	
Day & Date:	_ Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
List of Activities performed.	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervicer's Signature
Nathing on Scale 0-3:	Supervisor's Signature:



Daily Tracker

<u>Day 2</u>

Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
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List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:



Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
Link of Auticial and officers of	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Deting on Cools O. F.	Cupaminada Cignatura
*Rating on Scale 0-5:	Supervisor's Signature:

^{*}Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)



Daily Tracker

<u>Day 4</u>

Name of the Candidate (Candidate ID):	
Day & Date:	_ Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
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List of Activities performed:	
Number of patients or cases observed:	
Number of patients of cases observed.	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Candidate 3 Observation, Learning.	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:



Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Astivities would would	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Condidatela Observation / Learning	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Detine on Coals O. F.	Companying and a Cinna at town
*Rating on Scale 0-5:	Supervisor's Signature:

^{*}Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)



Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Astivities would we ad.	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Name of Equipment useu.	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:

^{*}Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)



Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
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List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:



Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
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Number of actionts are seen absorbed.	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:



<u>Day 9</u>

Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Astivities would would	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
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Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:
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^{*}Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)



Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:



<u>Day 11</u>

Name of the Candidate (Candidate ID):	
Day & Date:	_ Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
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List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
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*Rating on Scale 0-5:	Supervisor's Signature:



Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
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Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
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Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
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Supervisor's Comments on Candidate's performance:	
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Name of Duty Department/s visited and their Mentor/s:	
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List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:
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^{*}Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)



Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
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Name of Duty Department/s visited and their Mentor/s:	
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Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
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List of Astivities newformed.	
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Number of patients or cases observed:	
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Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
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Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
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Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:



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Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Astivities newformed.	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
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Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
Number of patients or cases observed:	
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Supervisor's Name and Designation (who is rating this element):	
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Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
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Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
Number of actions and actions and	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:
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Name of the Candidate (Candidate ID):	
Day & Date:	Course: COVID Frontline Worker (Sample Collection Support)
Today's activity aligned to NOS (National Occupational Standards) title:	
Name of Duty Department/s visited and their Mentor/s:	
List of Activities performed:	
Number of patients or cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
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Name of the Candidate:		
Name of Job Role: COVID Frontline Worker (Sample Co	llection Support)	QP Code of Job Role: HSS/Q0502
Name & Contact Details of Head/Supervisor at HCO: _		

NOS Title & Code	Maximum OJT Marks Allotted	*Average Rating on Scale 0-5 by Supervisor	Marks obtained	Signature of Head/ Supervisor of HCO	Remarks of Head/ Supervisor of HCO
HSS/N0510: Perform pre- procedural activities of sample collection	26				
HSS/N0511: Perform procedural activities of sample collection	42				
HSS/N0512: Perform post- procedural activities of sample collection	33				
HSS/N9619: Follow etiquette for site visits	27				
HSS/N9622: Follow sanitization and infection control guidelines	2				

^{*}Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)



Name of the Candidate:	
Name of Job Role: COVID Frontline Worker (Sample Collection Support)	QP Code of Job Role: HSS/Q0502
Name & Contact Details of Head/Supervisor at HCO:	

	Maximum OJT Marks Allotted	Marks obtained	Signature of Head/ Supervisor of HCO	Remarks of Head/ Supervisor of HCO
Grand Total	130			





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Overall Comments/Observation from Head/Supervisor of HCO	





Name of the Candidate:	
Name of Job Role: COVID Frontline Worker (Sample Collection Support)	QP Code of Job Role: HSS/Q0502
Name & Address of Training Centre:	
Name & Address of Healthcare Organization (HCO) where OJT had taken place:	
Total Marks Obtained for OJT:	
Signature of Candidate:	
Signature of Head/Supervisor of Healthcare Organization:	
Signature of Training Centre Coordinator:	
Signature of External Assessor (during Summative Assessment):	
Remarks of External Assessor:	
Note: The OJT marks may/may not be reflected on fina	ıl mark sheet separately.

Candidate's Signature:

Training Centre Coordinator's Signature: