Name: Staff ID:

Examiner: Date:

*Use the Y/N columns to indicate whether staff member correctly demonstrates each task. If “no”, describe corrective action taken in comments column. If completed correctly but coaching was required, please describe in comments column.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **Y** | **N** | **Comments** |
| Connects Nox A1s device to computer using USB cable |  |  |  |
| Prepares Nonin WristOx unit, correctly inserting batteries, connecting cable and Velcro strap |  |  |  |
| Chooses correct Noxturnal recording type |  |  |  |
| Properly pairs Nox A1s and WristOx |  |  |  |
| Schedules recording date/time appropriately (1 hour prior to bedtime) and sets recording duration |  |  |  |
| Demonstrates understanding of Patient Information screen input, no PHI allowed |  |  |  |
| Completes successful device configuration, inserts battery, secures battery door |  |  |  |
| Demonstrates understanding of supplies/products required to perform PSG setup and how to prepare for participant setup |  |  |  |
| Correctly identified landmarks for head measurement (nasion, inion, preauricular) |  |  |  |
| Demonstrates appropriate application of PSG device (see p. 2 checklist) |  |  |  |
| Appropriately describes how to remove equipment after recording |  |  |  |
| Demonstrates proper cleaning/disinfecting of all equipment |  |  |  |
| Completes data download |  |  |  |
| Locates sleep study, appropriately “zips” and names file to be transferred to CC/SRC. |  |  |  |

**Equipment application:**

*For each sensor, applicable activities must be performed appropriately. For sensor locations requiring measurement, use Yes/No to indicate whether the sensor site location was measured and marked correctly. Indicate the same for skin prep and sensor placement.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sensor | Location | Skin Prep | Placement | Additional Comments |
| Yes | No | Yes | No | Yes No |
| Fpz |  |  |  |  |  |  |  |
| **Cz** |  |  | Measured and marked only. No prep or placement required. |  |
| **Fp1** |  |  |  |
| **Fp2** |  |  |  |
| **F3** |  |  |  |  |  |  |  |
| **F4** |  |  |  |  |  |  |  |
| **C3** |  |  |  |  |  |  |  |
| **C4** |  |  |  |  |  |  |  |
| **O1** |  |  |  |  |  |  |  |
| **O2** |  |  |  |  |  |  |  |
| **M1** |  |  |  |  |  |  |  |
| **M2** |  |  |  |  |  |  |  |
| **E1** |  |  |  |  |  |  |  |
| **E2** |  |  |  |  |  |  |  |
| **Chin (3)** |  |  |  |  |  |  |  |
| **ECG** |  |  |  |  |  |  |  |
| **Legs** |  |  |  |  |  |  |  |
| **Cannula** | No measurement or prep required. Placement only. |  |  |  |
| **Abd Belt** |  |  |  |
| **Thor Belt** |  |  |  |
| **Oximeter** |  |  |  |

Were any problems noted during device application? □ Yes □ No

If yes, describe and state how they were resolved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Were interactions with “volunteer” appropriate? (Explained procedure, described prep and placement of sensors, how to remove after study, friendly, patient, etc.) □ Yes □ No

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name the file using the following format: PSGPractical-TechID-mmddyyyy**