



BOONE MEMORIAL HOSPITAL, INC.
JOB DESCRIPTION
MEDICAL LABORATORY TECHNICIAN (MLT)

Department: *Laboratory*

Supervisors Title: *Laboratory Clinical Director, Laboratory Executive Director, Assistant Supervisor*

- I. Basic Function:** (Briefly summarize the functions and objectives of the position, omitting specific duties).
Performs clerical duties and other related tasks according to BMH Laboratory Policy and Procedure as assigned by supervisors.
- II. Organizational Relationship:** (State to whom the position directly reports and the number and title(s) of those directly supervised).
Reports to the Assistant Laboratory Supervisor and Laboratory Clinical Director.
- III. Scope of Responsibility:** (State the size of the area of responsibility in its functional or numerical terms.)
Age of patient serviced: Birth to death.
- IV.** Must hold a valid WV Medical Laboratory Technologists Certification
- V. Duties and Responsibilities:** (State the essential duties performed. Be concise.)

Essential Duties:

1. Responsible for collecting, via venipunctures or finger stick, labeling, processing, and distributing specimens as required.
2. Must be able to perform routine tests as designated by the supervisor, in each area of the lab, including: Blood bank, chemistry, coagulation, hematology, serology, urinalysis parasitology, and miscellaneous.
3. Must be able to collect arterial blood gases.
4. Ensure that all established quality control criteria are met.
5. Recognizes and prevents malfunction of instruments and equipment, performing maintenance as necessary.
6. Must be able to do EKGs.
7. Recognizes problems, identifies the causes, determines solutions, and takes corrective action as appropriate.
8. Must be able to show initiative in completing all work and duties that are to be done from day to day in the lab.
9. Must be able to orientate new employees and demonstrate procedures for students.
10. Must help calibrate instruments.
11. Must help do lab inventory.
12. Must be able to write procedures.
13. Must be able to perform specific tasks necessary for maintaining quality testing in the lab.
14. Must maintain neat, orderly and well-stocked work area.
15. Must comply with hospital policy, state and federal regulations.
16. Must show proper respect to supervisory personnel and fellow workers.
17. Must attend in-service education and meetings as offered.
18. This job description requires a telephone in residence as a condition of employment.
19. Other duties as may be assigned.

Non- Essential Duties:

1. Perform related duties as assigned.

Physical Requirements:

Reading	Yes	(X)	No	()	Essential	(X)
Mathematics	Yes	(X)	No	()	Essential	(X)
Written Language	Yes	(X)	No	()	Essential	(X)
Vision	Yes	(X)	No	()	Essential	(X)
Binocular Vision	Yes	(X)	No	()	Essential	()
Vehicle Use	Yes	(X)	No	()	Essential	(X)
Hand Coordination	Yes	(X)	No	()	Essential	(X)

Explain: _____

Hand-Eye Coordination	Yes	(X)	No	()	Essential	(X)
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Explain: _____

Arm Coordination	Yes	(X)	No	()	Essential	(X)
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Explain: _____

Hearing	Yes	(X)	No	()	Essential	(X)
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At what level? Speech**At what frequency? Voice**

Communication	Yes	(X)	No	()	Essential	()
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Equipment Operation	Yes	(X)	No	()	Essential	(X)
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Explain: Calculator, Computer, Equipment, etc.

Sitting	Yes	(X)	No	()	Essential	(X)
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Length of time: 6-8 hours.

Standing	Yes	(X)	No	()	Essential	(X)
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Length of time: 1-2 hours.

Walking	Yes	(X)	No	()	Essential	(X)
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Length of time: 4-5 hours.

Lifting <10#	Yes	(X)	No	()	Essential	(X)
Frequent ()	Often	()	Seldom (X)	Never ()		

Lifting 11-25#	Yes	(X)	No	()	Essential	(X)
Frequent ()	Often	()	Seldom (X)	Never ()		

Lifting 26-50	Yes	(X)	No	()	Essential	(X)
Frequent ()	Often	()	Seldom (X)	Never ()		

Lifting 51-75	Yes	()	No	()	Essential	(X)
Frequent ()	Often	()	Seldom ()	Never (X)		

Lifting >75#	Yes	()	No	()	Essential	(X)
Frequent ()	Often	()	Seldom (X)	Never ()		

Lifting Irregular Loads:	Yes	()	No	()	Essential	(X)
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Explain: _____

Pushing	Yes	()	No	()	Essential	()
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() <10# (X) 11-25 () 26-50 () >51#

Explain: _____

Reaching/Pulling Yes (X) No () Essential (X)
 (X) <10# (X) 11-25 () 26-50 () >51#
 Frequent () Often (X) Seldom () Never ()

Kneeling Yes () No () Essential (X)

Explain: _____

Crouching/ Stooping Yes () No () Essential (X)

Explain: _____

Crawling Yes () No () Essential ()

Explain: _____

Twisting Upper Body Yes () No () Essential ()

Climbing hand- over hand Yes () No () Essential ()

Coordination of simultaneous operations Yes () No () Essential (X)

Explain: _____

Environmental Conditions:

Extreme Cold	Yes	()	No	()	Essential	()
Extreme Heat	Yes	()	No	()	Essential	()
Extreme Temp.	Yes	()	No	()	Essential	()
Extreme Noise	Yes	()	No	()	Essential	()
Outdoors	Yes	()	No	()	Essential	()
Indoors	Yes	(X)	No	()	Essential	(X)
Mechanical hazards	Yes	(X)	No	()	Essential	(X)

Safety Requirements:

Electrical Hazards Yes (X) No () Essential (X)

Safety Requirements: _____

Radiation Yes () No () Essential ()

Fumes/Odors/Gases Yes () No () Essential (X)

Airborne particles/ Chemical hazards Yes (X) No () Essential (X)

Safety Requirements: _____

Toxic Wastes Yes (X) No () Essential (X)

Safety Requirements: _____

Slippery/Uneven Footing Yes () No () Essential ()

Confined/Limited Spaces Yes () No () Essential ()

Exposure to body Yes (X) No () Essential (X)

Fluids

Specialized knowledge, experience and skills: (State type and amount of education, experience and skills required to fully perform the requirements of the position.)

1. ***What level of formalized training does this position require?*** 2 year (s) formalized training in medical lab, technology or MLT-C under current HHS wavier 8-28-92.
2. ***How much experience is needed to qualify an individual for this position?*** No experience needed. Orientation is provided.
3. ***What are the typing/word processing skills required for this position?*** None.
4. ***Required Certifications/licenses.*** Registered/licensed in (MLT) (ASCP) or equivalent.

Comments: Previous experience must have been in a hospital comparable to BMH.

Employee Confirmation of Job Duties & Requirements:

I have read and understand the Position Description described above.

Employee Signature

_____/_____/_____
Date