

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

Print Name	SS#	Date
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Work Settings	Frequency				Experience			
In patient hospital	1	2	3	4	1	2	3	4
Out patient setting	1	2	3	4	1	2	3	4

General Skills	Frequency				Experience			
Universal precautions	1	2	3	4	1	2	3	4
Documentation	1	2	3	4	1	2	3	4
Decontamination & Reprocessing of Department Equipment & Sterilizer Testing								
Reprocessing of procedural trays	1	2	3	4	1	2	3	4
Preparation of surgical instrument trays	1	2	3	4	1	2	3	4
Decontamination & reprocessing of department equipment	1	2	3	4	1	2	3	4
Bowie Dick Test	1	2	3	4	1	2	3	4
Biological Testing: ETO	1	2	3	4	1	2	3	4
Biological Testing: Steam	1	2	3	4	1	2	3	4
Equipment Collection: Soiled utility rooms (on units)	1	2	3	4	1	2	3	4
Decontamination Room in SPD	1	2	3	4	1	2	3	4
Use of protective attire	1	2	3	4	1	2	3	4
Use of approved disinfectants	1	2	3	4	1	2	3	4
Inspecting equipment for damage/operation	1	2	3	4	1	2	3	4
Follows process for damaged / broken equipment	1	2	3	4	1	2	3	4
Follows process for clean / disinfected equipment	1	2	3	4	1	2	3	4
Identifies & reassembles instrument sets	1	2	3	4	1	2	3	4
Follows procedure for instrument counting	1	2	3	4	1	2	3	4
Use of internal chemical indicator for sterilization	1	2	3	4	1	2	3	4
Selects appropriate filters for container	1	2	3	4	1	2	3	4
Selects appropriate instrument container for assembled tray	1	2	3	4	1	2	3	4
Completes external identification card for instrument container	1	2	3	4	1	2	3	4
Places tray on appropriate cart for sterilization	1	2	3	4	1	2	3	4
Sterad	1	2	3	4	1	2	3	4
Autoclave	1	2	3	4	1	2	3	4



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Initials _____

General Skills - cont.	Frequency				Experience			
444 Steris Washers	1	2	3	4	1	2	3	4
Use of washers	1	2	3	4	1	2	3	4
Instrument count sheet documentation	1	2	3	4	1	2	3	4
Use & application of external wrappers	1	2	3	4	1	2	3	4
Completes external identification of procedural tray	1	2	3	4	1	2	3	4
Sterilization carts	1	2	3	4	1	2	3	4
Equipment storage: dust covers and / or storage cabinets	1	2	3	4	1	2	3	4

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.	
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Signature	Date