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Pre-Sterilization Inspection Competency Verification Checklist



A Surgical Device Management & Clinical Consulting Company
Integrated Medical Systems International, Inc.
www.imsready.com : 800.783.9251

Employee Name / Title _____
Territory/Region _____
Validator's Name _____

Skills Evaluation	Compliant w/Policy	Needs Assistance	Correction Plan
Establishes appropriate work area with appropriate tools	<input type="checkbox"/>	<input type="checkbox"/>	
Wears personal protection / scrubs	<input type="checkbox"/>	<input type="checkbox"/>	
Handles scope with two hands	<input type="checkbox"/>	<input type="checkbox"/>	
Isolates scope from other instruments	<input type="checkbox"/>	<input type="checkbox"/>	
Cleans distal end / eyepiece with alcohol pad if needed	<input type="checkbox"/>	<input type="checkbox"/>	
Inspects image using printed text and colors on white paper from 8 -12 inches away	<input type="checkbox"/>	<input type="checkbox"/>	
Inspects exterior for nicks / dents	<input type="checkbox"/>	<input type="checkbox"/>	
Inspects shaft for straightness	<input type="checkbox"/>	<input type="checkbox"/>	
Inspects distal end for damage caused by sharp instruments, shavers or lasers	<input type="checkbox"/>	<input type="checkbox"/>	
Inspects eyepiece exterior & window for damage	<input type="checkbox"/>	<input type="checkbox"/>	
Inspects light fibers (by use of a light source if available)	<input type="checkbox"/>	<input type="checkbox"/>	
Inspects light cord when available	<input type="checkbox"/>	<input type="checkbox"/>	
Tests focus when applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Carefully inserts scope into sterilization container - DO NOT PRESS DOWN ON MIDPOINT OF SHAFT	<input type="checkbox"/>	<input type="checkbox"/>	

Action Plan: _____

Performer's Signature _____
Validator's Signature _____

Today's Date _____
Expiration Date _____