

**Proficiency Skills Checklist**

**STERILE PROCESSING TECH**

NAME: DATE: Directions: Check the column S = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level A = Adequate skill: at least six (6) months work experience; may require some assistannce

in each area. L= Limited skill: less than six (6) months work experience ; will require assistance

N= No skill; no experience

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|  | |  | **S A L** | | | **N** | | |
|  |  | | |  |  | |  |  | |
| Outpatient setting |  | | |  |  | |  |  | |

General Skills S A L N

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Universal precautions |  |  |  |  |  |  |  |
| Documentation |  |  |  |  |  |  |  |
| Awareness of HCAHPS |  |  |  |  |  |  |  |
| Decontamination & Reprocessing of Equipment & Sterilelizer Testing  , , | 0, o '" s, , ,, , , .. . |  |  |  |  | |  |
| Reprocessing of procedural trays |  |  |  |  |  |  |  |
| Prepara tion of surgical instrument trays |  |  |  |  |  |  |  |
| Decontamination & reprocessing of department equipment |  |  |  |  |  |  |  |
| Bowie dick test |  |  |  |  |  |  |  |
| Biological testing: ETO |  |  |  |  |  |  |  |
| Biological testing: steam |  |  |  |  |  |  |  |
| Equipment collection: soiled utility rooms (on units) |  |  |  |  |  |  |  |
| \_Deco... nta mina tion room in SPD  -· |  |  |  |  |  |  |  |
| Use of protective attire |  |  |  |  |  |  |  |
| Use of approved disinfectants |  |  |  |  |  |  |  |
| --..---·--·- ·--------------··-----  Inspecting equipment for damage/operation |  |  |  |  |  |  |  |
| Follows process for damaged/broken equipment |  |  |  |  |  |  |  |
| Follows process for clean/disinfected equipment |  |  |  |  |  |  |  |
| Identifies & reassembles instrument sets |  |  |  |  |  |  |  |
| Follows procedure for instrument counting |  |  |  |  |  |  |  |
| Use of internal chemical indicator for sterilization |  |  |  |  |  |  |  |
| Selects appropriate filters for container |  |  |  |  |  |  |  |
| Selects appropriate instrument container for assembled tray |  |  |  |  |  |  |  |
| -C- ompletes external identification card for instrument container |  |  |  |  |  |  |  |

S A L N

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| -Sterad --·-----  --- |  |  |  |  |  |  |
| Autoclave |  |  |  |  |  |  |



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|  | |  | **S A L** | | | | **N** | | | |
| **General Skills - cont.** | |  | | | **Experience** | | | | | |
| 444 steris washers | |  | | |  |  |  | |  |  |
| Use of washers | |  | | |  |  |  | |  |  |
| lnstrument count sheet documentation | |  | | |  |  |  | |  |  |
| Use & application of external wrappers | |  | | |  |  |  | |  |  |
| Completes external identification of procedural tray | |  | | |  |  |  | |  |  |
| Sterilization carts | |  | | |  |  |  | |  |  |
| Equipment storage: dust covers and/or storage cabinets | |  | | |  |  |  | |  |  |

**Fax to: 305-266-3242**

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

**Signature**

**Date**