



Anesthesia Inspection Checklist

Inspector: _____

Date: _____

OR # observed/case observed:

	Pass	Fail**
Medications		
Medications which are drawn up are labeled	<input type="checkbox"/>	<input type="checkbox"/>
Syringes are used one time only even if it is the same patient	<input type="checkbox"/>	<input type="checkbox"/>
Single dose vials are used for one patient only	<input type="checkbox"/>	<input type="checkbox"/>
Multi-dose vials are dated when opened	<input type="checkbox"/>	<input type="checkbox"/>
Vials/syringes with residual meds are placed in blue bin not red sharps	<input type="checkbox"/>	<input type="checkbox"/>
Aseptic technique		
Alcohol wipes are used when accessing IV ports	<input type="checkbox"/>	<input type="checkbox"/>
General infection control practices		
No personal bags in OR's	<input type="checkbox"/>	<input type="checkbox"/>
Gloves are worn during insertion and removal of airway	<input type="checkbox"/>	<input type="checkbox"/>
Hands are sanitized after glove removal	<input type="checkbox"/>	<input type="checkbox"/>

** Corrective actions taken for any *FAIL* marks:

OR Observation Checklist

Inspector: _____

Date: _____

Surgeon: _____

OR #: _____

Procedure Observed:

	Pass	Fail**
OR Environment		
Cleaning between cases performed/areas wiped with sani-wipes etc	<input type="checkbox"/>	<input type="checkbox"/>
Doors remained closed during procedure	<input type="checkbox"/>	<input type="checkbox"/>
Operative site properly prepped	<input type="checkbox"/>	<input type="checkbox"/>
Attire		
Properly tied surgical masks	<input type="checkbox"/>	<input type="checkbox"/>
Surgical caps covering all hair	<input type="checkbox"/>	<input type="checkbox"/>
Jewelry removed	<input type="checkbox"/>	<input type="checkbox"/>
Personnel enter OR in appropriate attire	<input type="checkbox"/>	<input type="checkbox"/>
Correct procedure used for appropriate hand scrub	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate eye protection used	<input type="checkbox"/>	<input type="checkbox"/>
Shoe covers/boots if indicated	<input type="checkbox"/>	<input type="checkbox"/>
Radiation sign properly display if x-ray in use	<input type="checkbox"/>	<input type="checkbox"/>
Sterile Field		
Scrubbed persons maintain sterility of sterile gown, gloves, supplies	<input type="checkbox"/>	<input type="checkbox"/>
Hands remain above waste	<input type="checkbox"/>	<input type="checkbox"/>
Items introduced into sterile field opened, dispensed, transferred by methods to maintain sterility/integrity	<input type="checkbox"/>	<input type="checkbox"/>
Items/devices dropped below level of the OR table are considered contaminated	<input type="checkbox"/>	<input type="checkbox"/>
All personnel moving in/around sterile field do so in a manner to maintain sterility	<input type="checkbox"/>	<input type="checkbox"/>
Staff do not turn back to sterile field	<input type="checkbox"/>	<input type="checkbox"/>
Traffic in and out of room is kept to minimum	<input type="checkbox"/>	<input type="checkbox"/>
Medications are drawn up and labeled on field	<input type="checkbox"/>	<input type="checkbox"/>
Sharps are passed in a basin or by using neutral zone rather than by hand	<input type="checkbox"/>	<input type="checkbox"/>
Policy regarding verification of sterilization/time out is performed	<input type="checkbox"/>	<input type="checkbox"/>
Circulators wear gloves for handling contaminated items	<input type="checkbox"/>	<input type="checkbox"/>
Staff performs hand hygiene after glove removal	<input type="checkbox"/>	<input type="checkbox"/>

** Corrective actions taken for any *FAIL* marks:

Signature of Inspector
Rev 1/11

Date