

Site: 7269 Ann & Robert H. Lurie Children's Hospital of Chicago

Program: Hospital

**Observation Header**

Tracer Instructions: *No Instructions Provided*

<b>Observation Title:</b>	<b>Site:</b>
<b>Observation Date:</b>	<b>Floor/Dept.:</b>
<b>Total Completed Observations:</b>	<b>Department:</b>
<b>Survey Team:</b>	<b>Staff Interviewed:</b>
<b>Medical Staff:</b>	<b>Unique Identifier:</b>
<b>Location:</b>	<b>Equipment Observed:</b>
	<b>Contracted Service:</b>
<b>Note:</b>	

**Questions (\* = Required)**

**Rigid Trays**

**1. Check for external indicators, arrows (present & color change) and filters present**  N/A

**Compliant?**  Yes  No      Num: \_\_\_\_\_ Den: \_\_\_\_\_

Corrective Action:

Notes:

**2. Internal integrators and filters (hold to light for holes)**  N/A

**Compliant?**  Yes  No      Num: \_\_\_\_\_ Den: \_\_\_\_\_

Corrective Action:

Notes:

**3. Check for bioburden prior to placing on sterile field**  N/A

**Compliant?**  Yes  No      Num: \_\_\_\_\_ Den: \_\_\_\_\_

Corrective Action:

Notes:

**4. Check for tape on any instruments**  N/A

**Compliant?**  Yes  No      Num: \_\_\_\_\_ Den: \_\_\_\_\_

Corrective Action:

Notes:

**5. Check instruments to make sure they are open/not fully assembled (example: suction)**  N/A

**Compliant?**  Yes  No      Num: \_\_\_\_\_ Den: \_\_\_\_\_

Corrective Action:

Notes: