

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

Program: Hospital

Observation Header

Tracer Instructions: *No Instructions Provided*

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

Questions (* = Required)

1. Tray wrap checked for holes, integrity checked and validated		<input type="checkbox"/> N/A
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
2. Check external indicator		<input type="checkbox"/> N/A
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
3. Trays are unwrapped in a sterile fashion		<input type="checkbox"/> N/A
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
4. Check for filters as appropriate (hold to light for holes)		<input type="checkbox"/> N/A
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
5. Check for two integrators and appropriate change		<input type="checkbox"/> N/A
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____
Corrective Action:		
Notes:		
6. Check for bioburden prior to placing on sterile field		<input type="checkbox"/> N/A
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____	Den: _____

SPD: Wrapped Trays

Corrective Action:	
Notes:	
7. Check for tape on any instruments <input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	
8. Check instruments to make sure they are open/not fully assembled <input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	
9. Prior to placing the tray on sterile field, check wrap for holes (hold up against light) <input type="checkbox"/> N/A	
Compliant? <input type="radio"/> Yes <input type="radio"/> No	Num: _____ Den: _____
Corrective Action:	
Notes:	