



Surgical Technology Lab Turnover Agreement

_____ (initial) I am aware that my group has **10 minutes** to turn over instruments and supplies between cases so that the next group member may begin setup.

_____ (initial) I understand that if I don't finish everything within the allotted 10 minutes, I may be required to stay after class to complete packaging and cleaning of the Lab.

_____ (initial) I understand that I **must** have a timer running for the duration of my group's turnover.

_____ (initial) I understand that if I **do not** have a timer running for my turnover, my timer is over 10 minutes, or the next person has not started, our group will receive a tardy for the day.

_____ (initial) I understand that 3 tardies are equal to 1 absence.

_____ (initial) I understand that more than 3 absences will result in a letter grade drop, per the SVSTI Attendance Policy.

Student Name: _____ Date: _____

Student Signature: _____ Date: _____

SVSTI Official Signature: _____ Date: _____