

Surgical Equipment Sterility Checklist

Date: _____

Operating Room: _____

Surgical Procedure: _____

Surgeon: _____

Equipment Sterility Check

Equipment / Instrument	Sterile Packaging Intact	Indicator Changed	Visual Inspection (Clean/Undamaged)	Ready for Use	Remarks
Scalpel					
Forceps					
Retractors					
Suction Tubing					
Surgical Drapes					
Suture Materials					
Additional Items					

Notes

Signatures

Circulating Nurse:

Date: _____

Scrub Nurse/Technician:

Date: _____

Supervisor/Manager:

Date: _____