

# 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: \_\_\_\_\_