

Surgical Site Verification Checklist

Operating Room

Patient Name:		DOB:	
MRN:		Date of Procedure:	
Procedure:			
Surgeon:		OR #:	

Checklist

Step	Yes	No/N/A	Notes
Consent form matches patient's stated procedure and site	<input type="checkbox"/>	<input type="checkbox"/>	
Surgeon, anesthesia provider, and nurse verify patient identity and procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical site is marked (if applicable) by the surgeon prior to anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	
Patient positioning is confirmed	<input type="checkbox"/>	<input type="checkbox"/>	
Relevant images/studies are available and displayed	<input type="checkbox"/>	<input type="checkbox"/>	
Time-Out conducted immediately prior to incision ("active pause")	<input type="checkbox"/>	<input type="checkbox"/>	

Team Members Present for Time-Out

Role	Name	Signature
Surgeon		
Anesthesia Provider		
Circulating Nurse		
Scrub Person		

Note: This checklist must be completed for every surgical case and filed in the patient record.