RNnetwork

CLINICAL SKILLS CHECKLIST

Sterile Processing Technologist Checklist

Please complete the following sections based on your last two years of experience

Name:	
Date:	
Email/Phone:	
Last Four of SS#	

CLINICAL SKILLS

Please be aware that this form constitutes your application to be considered for specific areas and procedures while on assignments through RNNetwork

Any areas not marked will not be considered

Please rate your skills in the areas below, using the following values:

Proficiency	1 = No Knowledge	2 = Theory only (requires assistance)	3 = Experienced (may require assistance)	4 = Independent
Frequency	1 = Never Performed	2 = Rarely Performed < 6x/year	3 = Occasionally Performed 1-2x/month	4 = Regularly Performed Daily or Weekly

	Proficiency				Frequency			
PROCESSING	1	2	3	4	1	2	3	4
Single Instruments	○	○	○	○	○	○	○	○
Flexible Endoscopes	○	○	○	○	○	○	○	○
Rigid Endoscopes	○	○	○	○	○	○	○	○
Sets/Trays	○	○	○	○	○	○	○	○
DECONTAMINATION	1	2	3	4	1	2	3	4
Manual Cleaning	○	○	○	○	○	○	○	○
Washer Sterilizer	○	○	○	○	○	○	○	○
Soiled Linen	○	○	○	○	○	○	○	○
Disinfectants	○	○	○	○	○	○	○	○
Sharps	○	○	○	○	○	○	○	○
Disposable Items	○	○	○	○	○	○	○	○
Cleaning Equipment	○	○	○	○	○	○	○	○
Detergents	○	○	○	○	○	○	○	○
Enzymatic Solutions	○	○	○	○	○	○	○	○
STEAM STERILIZATION - Autoclaves	1	2	3	4	1	2	3	4
Sterilization Logs	○	○	○	○	○	○	○	○
Indicator Strips	○	○	○	○	○	○	○	○
Flash Sterilization	○	○	○	○	○	○	○	○
Selection of Sterilization Cycle or Method	○	○	○	○	○	○	○	○

I affirm that all information given on this page is true and accurate.

Initials: _____ Date: _____

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	Proficiency				Frequency			
STERILITY ASSURANCE	1	2	3	4	1	2	3	4
Bowie Dick Test	○	○	○	○	○	○	○	○
Biological Indicators	○	○	○	○	○	○	○	○
Chemical Indicators	○	○	○	○	○	○	○	○
Record Keeping and Labeling	○	○	○	○	○	○	○	○

	Proficiency				Frequency			
ASSEMBLY AND PREPARATION	1	2	3	4	1	2	3	4
Wrapping Materials	○	○	○	○	○	○	○	○
Autoclave Tape	○	○	○	○	○	○	○	○
Dust Covers	○	○	○	○	○	○	○	○
Proper Towel/Linen Folding	○	○	○	○	○	○	○	○
Proper Labeling	○	○	○	○	○	○	○	○
Expiration Dates	○	○	○	○	○	○	○	○
Packing for Steam	○	○	○	○	○	○	○	○
Heat Sealing	○	○	○	○	○	○	○	○
Instrument Count Sheets	○	○	○	○	○	○	○	○
Replacing Instruments On Trays	○	○	○	○	○	○	○	○
Inspecting Equipment for Damage	○	○	○	○	○	○	○	○

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Initials: _____ Date: _____