



OPERATING ROOM TECHNICIAN SKILLS CHECKLIST

Date: _____

Full Name: _____

INSTRUCTIONS

Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:

#1 = Familiar with procedure but will usually or almost always require some assistance.

#2 = Competent and familiar with procedure: I can perform this procedure with excellence, usually without assistance.

#3 = Very competent: I have at least 12 months experience and can perform this procedure with excellence and without assistance.

NOTE: Leave blank any procedures which you have **no experience, training or low competence.**

SKILLS	1	2	3
Accessing surgeon preference cards			
Picking cases			
Scrubbing technique			
Standard case set-up			
Locating and accessing supply carts and refrigerators			
Gowning self with closed technique			
Gowning & gloving surgeons			
Sponge & needle instrument counts			
Correct disposal of waste i.e., sharp, clean/contaminated waste			
Draping of patient			
Sterile technique			
Passing off specimens to circulator			
OB call			
C-sections			
Positioning OR table; EG trendelenburg flex; Lithotomy			
Set up C Arm table			
Set up Fx table			
Electro surgery Unit Safety			
Acceptable ground pad sites			
Use of roller for transfer of patient			
Ordering special equipment/supplies from CS			
Documentation			
Processing instruments for Sterilization			
Cleaning endoscopes			
Heat sealer unit			
Ultrasonic			
Instrument tray inventories			
Gas			
Steam			

SKILLS	1	2	3
Cidex			
Light Sources			
Headlight			
Bronchoscope			
Cystoscopy			
Suction D & C			
Stackhouse Smoke Evaluator			
Lasers			
CO2			
Yag			
Flash Autoclave			
Suction			
Sequential Compression Drive			
Crash Cart			
Ortho power			
Midas Rex			
Spotlight			
Laminar Flow			
Padliette dermatome			
Mesh Craft			
Simpulse irrigator			
CUSA			
Choledocoscope			
Lithotripter			
Balloon prostate dilator			
Cysto table			
Automatic tourniquet			
Microscope			
Blood warmer			
Cyrotherapy machine			
Phaco-Emulsification aspirator			
Vitrectomy			
Doppler			

Certification:

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name (Print): _____

Signature: _____

Retyped name acts as signature, if submitting form by email

Reviewed by _____ : Date: _____