NCMC/SPC Case Cart Quality Inspection Sheet
Courtesy, Jennifer L. Misajet, RN, BBA, CNOR
Director of Surgical Services, Western States Burn Center
February, 2005

Main OR____ **Cath Lab____**

Date:_____ **Procedure:_____**

Board Person Initial _____ **Patient Name:_____**

Surgeon:_____

Case Cart Quality Inspection (Please Check One Box)

Initials of Person Filling out This Form_____

Case Complete_____ **Wrong Item_____** **Item Omitted_____**

Other (Please Specify)____ ***Positive Comments are always welcome***

Outpatient Surgery Magazine

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Inspection of Opened Instrument Sets

Please be specific when stating problem

Name of Instr. Set **Initial on Bar Code** **Initial of person**

or count sheet

Inspecting

Outpatient Surgery Magazine

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STERILE PROCESSING CENTER ITEMS NOT AVAILABLE LIST

Note: The items listed below are still needed for this case cart
If an item is removed for another case it MUST be written down

Case Prepared By: _____
SPC representative preparing case cart sign here

MISSING INSTRUMENTATION/CARTS/BINS

(Instrument Problems? Call 3865)
Initial each item as it is added

OPEN:		*HOLD:*	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	**MISSING SUPPLIES** (Problems? Call #2394)	
_____	_____		
_____	_____	***OPEN*** **:** _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	***HOLD*** **:** _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____