Safety Initiative

**Circulator:**
Please record the # of sharps at the end of the procedure:

_______# of Suture

_______# of Blades

_______# of Hypodermic needles

**Circulator and scrub nurse:**
Please initial this card after visually verifying the above # of sharps were properly disposed of in the sharps container AND send this card to SPD with your set:

__________Circulator __________Scrub Nurse

Cart Reminder:

Please remember !!!!

**Fill out your safety initiative card and send with your instrument to SPD**