



## Medical Device Reprocessing Technician Performance Checklist

- This checklist shall be completed by a Superior and shall accompany the candidate's application for recertification.
- Items in **Bold-faced type** denote core competencies and must be checked-off as satisfactory before the candidate is eligible to sit for the examination.

Name of Candidate: (include on all pages)			
OBJECTIVE	COMPETENCY	Satisfactory	
		YES	NO
1. Quality Systems	Classified under various competencies below		
2. Infection prevention and control			
3. Occupation health & safety			
4. Decontamination	<b>1. Implements Basic Infection Control Practices</b>		
	<b>2. Follows written work instructions easily</b>		
	<b>3. Organizes work area</b>		
	<b>4. Receives and sorts soiled devices and equipment</b>		
	<b>5. Prepares items for cleaning including:</b> <ul style="list-style-type: none"> <li>• <b>Regular instrumentation</b></li> <li>• Minimally invasive surgical instruments</li> <li>• Respiratory/anesthetic items</li> </ul>		
	<b>6. Manually cleans submersible medical devices</b> <ul style="list-style-type: none"> <li>• <b>Uses cleaning chemicals according to instructions</b></li> <li>• Cleaning is done under the surface of cleaning solutions</li> </ul>		
	7. Operates equipment with ease		
5. High level disinfection (HLD) if applicable	8. Prepares HLD according to manufacturer's instruction for use (MIFU)		
	9. Tests minimum effective concentration of reusable HLD		
	10. Ensures complete immersion of device in HLD (including lumens)		
	11. Thoroughly rinses HLD devices		
	12. Uses Automated Endoscope Reprocessor (AER) according to MIFU		
	13. Documents HLD process		

<b>Name of Candidate:</b> (include on all pages)				
<b>OBJECTIVE</b>	<b>COMPETENCY</b>	<b>Satisfactory</b>		
		<b>YES</b>	<b>NO</b>	
6. Assembly	14. Can follow written work instructions			
	15. Organizes work area			
	16. Operates area equipment when required			
	17. Sorts, inspects and tests instruments for working condition and cleanliness			
	18. Assembles instruments and sets			
	19. Chooses correct Chemical Indicator (CI) for sterilization method			
	20. Packages items and sets using any of the following: <ul style="list-style-type: none"> <li>• Rigid containers</li> <li>• Textiles and disposable wrappers</li> <li>• Peel pouch</li> </ul>			
	21. Labels and dates packages and bundles following proper process			
	7. Sterilization	22. Performs routine/daily maintenance procedures		
		23. Performs load documentation		
24. Loads sterilizer following proper process				
25. Operates sterilizer safely				
26. Prepares and runs a variety of sterilization cycles				
27. Monitors cycles and interprets data from the following: <ul style="list-style-type: none"> <li>• Gauges and displays</li> <li>• Printouts</li> <li>• Chemical indicators (e.g., Bowie-Dick)</li> </ul>				
28. Monitors cycles using Biological Indicators (BI)				
29. Documents all test results				
8. Storage, Transport & Distribution		30. Maintains Quotas, checks external indicators, package integrity and applies principles of event-related sterility		



OBJECTIVE	COMPETENCY	Satisfactory	
		YES	NO
	<b>31. Stores and rotates sterile supplies according to first-in, first-out principle</b>		
	<b>32. Maintains sterile package integrity while manipulating package</b>		
	<b>33. Demonstrates appropriate care and handling of sterile supplies</b>		
9. Flexible Endoscopes Reprocessing	34. General handling and reprocessing knowledge of flexible endoscopes		
10. Continuing Education and Lifelong Learning	<b>35. Keeps up to date with standards and maintains continuing education by participating in training seminars, in-services, conferences, and other educational opportunities as applicable</b>		

Candidate Name: \_\_\_\_\_

Candidate Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Superior Name: \_\_\_\_\_

Superior Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Candidate Declaration:** I have achieved the program prerequisites and have completed the required hours and assigned tasks as attested to above.

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superior Declaration:** I declare that the candidate has satisfactorily completed the assigned tasks as attested to above.

**Superior Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To the Candidate: Please keep a copy of this checklist for use as a transcript to accompany your certification if awarded. MDRAO will retain a copy of this record on file for reference upon successful completion of certification.