

# STERILIZATION SYSTEM COMPETENCY CHECKLIST

NAME OF EMPLOYEE: \_\_\_\_\_ NAME OF FACILITY: \_\_\_\_\_

| COMPETENCY   | DEMO | RETURN DEMO | VERIFY INITIALS |
|--|------|-------------|-----------------|
| Discuss H <sub>2</sub> O <sub>2</sub> Low Temperature Gas Plasma Technology  |      |             |                 |
| Insert new cassette <ul style="list-style-type: none"> <li>• Check indicator color</li> <li>• Check expiration date</li> <li>• Follow arrows for insertion</li> </ul>  |      |             |                 |
| Replace cassette collection box <ul style="list-style-type: none"> <li>• Follow arrows for insertion</li> </ul>  |      |             |                 |
| Display Screen <ul style="list-style-type: none"> <li>• Cycles – Standard / Advanced</li> <li>• Cycle History</li> <li>• Log-in (optional)</li> <li>• Load Notes</li> <li>• Utilities Review (Supervisor or Designee)</li> </ul> |      |             |                 |
| Demonstrate Thermal Paper Advance / Replace  |      |             |                 |
| Review printout for Complete and Canceled cycles   |      |             |                 |
| Close Door / Open Door   |      |             |                 |
| Discuss STERRAD® NX™ Sterilizer loading guidelines <ul style="list-style-type: none"> <li>• Rack placement</li> </ul>  |      |             |                 |
| Clean the hydrogen peroxide monitor detector (Every 3 months)  |      |             |                 |
| Utilize STERRAD® Chemical Indicator Strips / SEALSURE® (CI) Tape / Pouches<br>State STERRAD® Chemical Indicator color guidelines   |      |             |                 |
| Review materials guidelines and lumen claims   |      |             |                 |
| State the reasons for the two most common, preventable cancellations   |      |             |                 |
| Locate and describe the function of the User's Guide   |      |             |                 |
| Locate phone number for Technical/Clinical assistance  |      |             |                 |
| Locate serial number   |      |             |                 |
| Locate power on/off and state electrical requirements  |      |             |                 |
| Discuss preparation of the CYCLESURE® 24 Biological Indicator (BI) in STANDARD and ADVANCED cycles   |      |             |                 |
| Define placement of the STERRAD® CYCLESURE® 24 Biological Indicator (BI)   |      |             |                 |
| Demonstrate STERRAD® CycleSure® BI incubation process  |      |             |                 |
| Identify and review the structure of flexible endoscopes that can be processed in the STERRAD® NX™ Sterilizer  |      |             |                 |
| Demonstrate placement of the ETO (venting) Cap   |      |             |                 |
| Replace air filter   |      |             |                 |

EMPLOYEE SIGNATURE: \_\_\_\_\_ EVALUATOR: \_\_\_\_\_ DATE: \_\_\_\_\_