

Sterile Processing Technician Skills Checklist

Name: Date: Experience Since:

In which specialty area are you **most** proficient?

In which specialty area are you **least** proficient?

In which area(s) do you prefer to work?

	Comfortable With	Done Occasionally	No Experience
Case Cart System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer Sterilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasonic Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Displacement Autoclave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-vacuum Autoclave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-Speed (Flash) Autoclave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Sterilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Set Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Signature

 Date

 Agency Representative Signature

 Date