



OPERATING ROOM SURGICAL TECH SKILLS CHECKLIST

- 0 No Experience
- 1 Limited Experience
- 2 Moderate Experience
- 3 Experienced & Competent
- 4 Experienced: Able to Teach & Supervise

Name: _____

Date: _____

I. EARS, NOSE & THROAT

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- Acoustic Neuroma
- Caldwell-Luc
- Cleft Lip/Palate Repair
- Closed Reduction Nasal Fracture
- Commando Procedure
- Ear Cases:
- Mastoidectomy
- Myringoplasty
- Myringotomy
- Stapedectomy
- Tympanoplasty
- Ethmoidectomy
- Excision Salivary Gland Tumor
- Fenestration Procedure
- Frontal Flap Sinus Procedure
- Glossectomy
- Laryngectomy
- Maxillary Advancement with Hip Graft
- Nasal Polypectomy
- Open Reduction Facial Fractures
- Open Reduction Tripod Fractures
- Parotidectomy
- PE Tube Insertion
- Pharyngeal Flap Procedure
- Radial Neck Dissection
- Ranulectomy

- Rhinoplasty
- Selective Osteotomy of Maxilla/Mandible
- Sinusotomy
- Submucous Resection
- Tonsillectomy
- Tracheostomy
- Vocal Cord Stripping

II. ENDOSCOPIC PROCEDURES

- Bronchoscopy
- Culdoscopy
- Cystoscopy
- Esophagoscopy
- Gastroscopy
- Laryngoscopy
- Laparoscopy:
- Appendectomy
- Cholecystectomy/Cholangiogram
- Colon Resection
- Hysterectomy
- Mediastinoscopy
- Sigmoidoscopy

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III. EQUIPMENT

Aquamatic K Thermia Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthroscopy Cameras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Warmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bovie Electrosurgical Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Monitor & Pacemaker:					
Electrodyn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cavitran – Cooper Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Saver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centrifuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compression, Set Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cry-ophthalmic Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dematome:					
Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cordless Davol Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mesher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Padgett	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable Bovie Plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dual Tract Lights(Bulb Changing, Handles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drills:					
3M Craniotome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver/3M Mini-Maxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hall Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hall Hair Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minos-Ototome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emerson Thoracic Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Magnet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethylene Oxide Sterilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flash Autoclave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiber Optic Luminator/PILLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiber Optic Luminator/ACMI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiddie Pneumatic Tourniquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kreiselman Resuscitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nerve Stimulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrous Oxide Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ohio Suction Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleur-e-vac Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shavers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stapling Instrument:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steri-vac Aeration Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction Unit, Disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasonic Cleaner-AMSCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vac-Pac Positioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum Curettage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer sterilizer-AMSCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. GENERAL SURGERY

Abdominal-Perineal Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adrenalectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal Fissurectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholecystectomy/Cholangiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circumcision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colostomy/Ileostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemorrhoidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatic Resection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemiorrhapy,Femoral,Inguinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiatal Hemiorrhaphy,Transabdominal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydroelectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imperforate Anus Reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leveen-Peritoneal Shunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Sympathectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Case Set-up					
(Breast Biopsies, Hernias)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nissen Fundoplication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancreatectomy/Pancreatogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilonidal Cystectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portal Caval Shunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radical Mastectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rectal Cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saphenous Vein Ligation & Stripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- Staging Laparotomy
- Thyroglossal Duct Cyst Excision
- Thyroidectomy
- Tracheostomy
- Vagotomy
- Whipple Procedure

V. GYNECOLOGY

- Abdominal Hysterectomy
- C-Sections
- Colpotomy
- Dilation and Curettage
- Laparoscopy
- Marshall Marchetti
- Marsupialization Bartholin Cyst

Pelvic:

- Anterior
- Posterior
- Total

- Radical Hysterectomy
- Radium Insertion
- Salpingoplasty
- Shirodkar Operation
- Suction Curettage
- Tubal Ligation
- Tuboplasty/Microscope
- Vaginal Hysterectomy
- Vaginal Reconstruction
- Vaginectomy
- Vulvectomy

VI. NEUROLOGY

- Acoustic Neuroma
- Burr Holes (Subdural Hematoma)
- Carotid Endarterectomy
- Carotid Ligation
- Cervical Laminectomy
- Cervical Sympathectomy

- Clipping of Intracranial Aneurysm
- Craniectomy for Decompression Fracture
- Cranioplasty
- Craniotomy for Tumor Excision
- Crutchfield Tong Insertion
- Exterior Cervical Fusion
- Hypophysectomy
- Laminectomy
- Lumbar Laminectomy
- Meningocele Repair
- Transsphenoid Hypophysectomy
- Ulna Nerve Transplant
- VA & VP Shunt
- Ventricular Procedures
- Vinke Tong Insertion

VII. OPHTHALMOLOGY

- Cataract Extraction
- Corneal Transplant
- Dacryocystorhinostomy
- Diathermy Operation
- Enucleation
- Iridectomy
- Lid & Muscle Procedures
- Orbital Implant
- Phacoemulsification
- Pterygium Repair
- Recession Resection
- Repair Orbital Blowout Fracture
- Retina

VIII. ORAL

- Closed Reduction Facial
- Fractures/Wiring
- Extraction of Deciduous Teeth
- Extraction of Impacted Molars
- Excision Odontoma
- Fractures Jaws, Mandibular
and Zygomatic

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Lefort Osteotomies

Maxillary Procedure with Graft

TMJ Exploration

Reduction with Compression Sets

Repair Hammer Toes

Sharrard Procedure

Spica Cast, App. of Spinal Fusion

Insertion of Swanson Finger Pros.

IX. ORTHOPEDICS

Achilles Tendon Repair

Amputation Leg, Arm

Anterior Cruciate Ligament Repair

Application Halo Traction

Arthroscopy:

 Ankle

 Elbow

 Knee

 Shoulder

 TMJ

Tendon Implants

Total Hip Replacement

Total Knee Replacement

Total Joint Replacement

Total Shoulder Replacement

Zimmer Hip Compression

X. PEDIATRICS

Bronchoscopy

Inguinal Hernia

Lap

Pyloric Stenosis

XI. PLASTICS

Abdominal Lipectomy

Augmentation Mamoplasty

Blepharoplasty

Cleft Lip & Palate Repair

Dermabrasion

Mentoplasty

Myelomeningocele Repair

Otoplasty

Pedicle Grafts

Reduction Mamoplasty

Rhinoplasty

Skin Grafts/Split Thickness

XII. THORACTIC & OPEN HEART

CME

Cervical Rib Excision

Chamberlain Procedure

Closed Thoracotomy

Esophagectomy

Bunionectomy

Carpal Tunnel Release

Cup Arthroplasty/Insertion Prosthesis

Dwyer Anterior Fusion

Fracture Table Use

Hand Surgery with Implants

Harrington Rod Insertion

Heel Cord Lengthening

I.M. Rodding

Insertion Tibial Plateau Prosthesis

Laminectomy

Nailing Procedures:

 Jewett

 Kirshner Rod

 Rush

 Schneider

 Zimmer

Olecranon Bursa, Excision of Open

Patellectomy

Putti Platt/Bankart Procedure

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Heller Procedure

Burns

Open Heart Procedures:

Gunshot Wounds:

ASD (Atrial Septal Defect)

Chest

CABG

Abdomen

Mitral or Aortic Valve Replacement

Motor Vehicle Accidents

Patent Ductus Arteriosus

Traumatic Amputations

Tetralogy of Fallot

VSD(Ventral or Ventricular Septal Defect)

XV. UROLOGY

Pacemaker Implantation Endocardial

Circumcision

Pacemaker Implantation Myocardial

Cystectomy

Pneumonectomy/Lobectomy

Hypospadias Repair

Port-A-Cath Insertion

Nephrectomy

Resection Coarctation Aorta

Orchiopexy

Rib Resection, First

Prostatectomy, Perineal

Thoracoplasty

Prostatectomy, Subprapubic

Thoracotomy

Pyelolithotomy

Tracheal Resection

Pyeloplasty

Cardiothoracic Diaphragmatic

Radical Node Dissection

Herniorrhapy

Scott Incontinence Device

Scott Penile Prosthesis

XIII. TRANSPLANT

T.U.R.P.

Harvesting:

Ureterolithotomy

Donor

Vasectomy

Cadaver

Vasovasostomy

Kidney

XVI. VASCULAR

Multi-Organ

Aortic Aneurysm

Bone

A-V Fistula Shunt

Bone Marrow

Brachio Axillary Dacron Fistula

Corneal

Tenckhoff Catheter Placement

Heart

Aorto-Iliac/Femoral Graft

Liver

Carotid Endarterectomy

Lung

Femoral-Popliteal Graft

Skin

Leaking Ruptured Aneurysm

Mohin-Uddin Umbrella

Resection Carotid Aneurysm

With Graft

Thrombectomy

Vena Cava Ligation

CERTIFICATIONS

Expiration
Date:

- Adult BLS _____
- Pediatric BLS _____
- ACLS _____
- PALS _____
- Neonatal
Resuscitation _____
- Other: _____

COMMENTS

Name: _____

Signature: _____

Date: _____