



IDENTIFICATION	
BUILDING/ PHYSICAL LOCATION:	
DEPARTMENT:	ASSESSMENT DATE:
EHS Representative:	Biomed Representative:
IPAC Representative:	Sterile Processing Representative:
Department Representative:	Construction Representative:

A. ASSESSMENT OF EQUIPMENT						
Instrument/ Medical Device (Serial/Model #)	Current Reprocessing Method	Manufacturer Recommendations	Time Frame for Reprocessing*:	Disposable Option	Closed/ Semi Closed Option	RAC Code (C)
1.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
2.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
3.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
4.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
5.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
6.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
7.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
8.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
9.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
10.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
11.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
12.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
13.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
14.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
15.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
16.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

*Key for Time Frame for ALL Levels of
Reprocessing:
A: >1 time a day
B: ≈1 time a day
C: 1 – 2 times a week
D: < 1 time a week

Inventory Reviewed By:

- ☐ BioMed
 ☐ Sterile Processing
☐ IPAC
 ☐ Environmental Health & Safety



B. Environmental Safety Needs:

Air exchanges ☐ No ☐ Yes _____

Plumbed Emergency Eyewash/Shower ☐ Yes ☐ No

Ventilation ☐ Negative Pressure ☐ Exhausted Out

Chemical Disposal ☐ Diluted Down Drain: Permit Verified ☐ Neutralize ☐ 3rd Party Vendor

C. RISK ASSESSMENT KEY CODE (RAC)

1. High Level Disinfection (HLD)/sterilization

- ☐ Class I – Sterile Processing
- ☐ Class II – Manual Chemical Process
- ☐ Class III – Semi closed system (Ex: TD100/Rapicide)
- ☐ Class IV – Completely closed system (EX: Trophon)

2. Time frame of HLD/sterilization occurrence

- ☐ Estimate A - Likely to occur >1 time a day
- ☐ Estimate B - Probably will occur ≈ 1 time a day
- ☐ Estimate C - May occur 1 – 2 times a week
- ☐ Estimate D - Unlikely to occur < 1 time a week

3. RAC DETERMINATION:

Time Frame

		A	B	C	D
HLD Process	I	5	3	2	1
	II	5	4	3	2
	III	5	4	3	2
	IV	5	5	5	4

If the results determine that the RAC is 1 or 2, the instrument/medical device should be sent to sterile processing. If the results determine the RAC is a 4 or 5, the instrument/medical device should be sent to onsite decontamination room. If RAC indicates a 3, further investigation will be completed.

D. FINDING

☐ Send to Central Sterile Processing ☐ Onsite Decontamination Room

E. Best Practice Solution:

F. Interim Solution:

G. Construction Needs: