

Performance Checklist to accompany CMDRT Application

Medical Device Reprocessing Technician Performance Checklist			
This checklist shall be completed by a Supervisor, Program Manager or Educational Director and shall accompany the candidate's application for certification.			
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	Subsumed under various competencies below		
2. Infection prevention & control			
3. Occupational health & safety			
4. Decontamination	1. Implements "Routine Infection Control Practices"		
	2. Follows written work instructions		
	3. Prepares work area		
	4. Collects, transports and receives soiled devices and equipment		
	5. Prepares items for cleaning including, e.g.: <ul style="list-style-type: none"> • Instrumentation • Minimally invasive surgical instruments • Respiratory/anesthetic items • Stainless steel items 		
	6. Manually cleans immersible medical devices <ul style="list-style-type: none"> • Uses detergents according to label instructions • All cleaning is done beneath the surface of cleaning solutions 		
	7. Operates area equipment		
5. High level disinfection (HLD) if applicable	8. Prepares HLD according to manufacturer's instruction for use		
	9. Tests minimum effective concentration of reusable solutions		
	10. Ensures complete immersion of device in HLD		
	11. Thoroughly rinses disinfected device		
	12. Uses Automated Endoscope Reprocessor according to manufacturer's instructions for use		
	13. Documents HLD process		

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

Name of Candidate: (include on all pages)			
OBJECTIVE	COMPETENCY	Satisfactory	
		Yes	No
	31. Stores and rotates sterile supplies according to first-in, first-out principle		
	32. Maintains sterile package integrity		
	33. Demonstrates appropriate care and handling of sterile supplies		
9. Flexible Endoscopes, if applicable	34. General handling and reprocessing knowledge of flexible endoscopes		
10. Continuing Education and Lifelong Learning	35. Keeps up-to-date with standards and maintains continuing education by participating in training seminars, in-services, conferences, and other educational opportunities		

Candidate Name: _____

Candidate Title or Position: _____

Institution: _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Institution: _____

Address: _____

City/Town _____ Province _____ Postal Code _____

Phone Number: _____ Alternate 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: _____

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

Supervisor Signature: _____ Date: _____

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