

## SURGERY FACILITIES INSPECTION REPORT

## GENERAL

Investigator(s):

Facility Location:

Species of animal:

Date of Inspection:

Surgical Attire used (check):  scrubs  gown  mask  sterile gloves  hair coverNon-survival only:  Yes  NoAre all drugs and supplies in date?  Yes  NoDo all procedures accord with protocol:  Yes  No Specify:Are all personnel on approved protocol?  Yes  No General level of cleanliness:

How are instruments cleaned and sterilized:

Are sterilized supplies dated:  Yes  NoAre indicators used:  Yes  No

Sutures used:

Suture material in date:  Yes  No

## PRE-OPERATIVE

Is fur removed?  Yes  NoIs animal prep separate from surgery area?  Yes  No

## INTRA-OPERATIVE

Anesthetic agents used:

Anesthetic scavenger in use:  Yes  No Type:  Direct exhaust  Charcoal  Other:

Vaporizer last serviced:

How is tubing cleaned between uses:

Anesthetic record (attach blank form). Where are records kept:

Vital signs monitored:

Monitoring equipment used:

Frequency of monitoring:

Frequency of charting (if different):

Supplemental heat:  Circulating water heating pad  Heat lamp  Gel pad  Other:Fluid therapy provided?  Yes  No Route of administration of warmed fluids:Emergency protocol: Written procedures posted:  Yes  NoEmergency drugs available (and in date):  Yes  No

## POST-OPERATIVE CARE

Personnel:

Location:

Analgesic dose and frequency:

Duration of post-op monitoring:

Post-op record (attach blank form). Where are records kept:

Overall evaluation:

Correction required:

Name:

Date: