

SURGICAL INSTRUMENT COUNT AND PROCESSING SHEET

Dept/Practice _____

Contact Person

Date _____

Phone Number _____

Dept. or practice instrument(s) count SENT	SPD staff count instrument(s) RECEIVED	INSTRUMENT NAME	SPD staff count instraments SENT BACK	Discrepancy (+ OR -)	Dept. or practice instruments RETURNED	Discrepancy (+OR-)
		Cervical biopsy punch				
		Curettes				
		Forceps/Pick ups				
		Hemostats				
		Large scissors				
		Nail cutters				
		Needle drivers/holders				
		Ring forceps/sponge sticks				
		Ronguers				
		Scalpel/Knife handles				
		Small scissors				
		Suture trays/suture packs				
		Tenaculums				
		Vaginal speculums				
		Other instrument sets not listed:				
TOTAL	TOTAL			Total Discrepancy		Total Discrepancy

If any discrepancies whether items missing or returning items please describe in comments section below and sign Name/Dept.

Comments: _____

Sterile processing department: (517) 975-8659.

PINK - Department/Practice