

Employee (print name):	Date:
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For the Evaluator: Check the appropriate box according to the Clinician's ability to perform the defined skill: **S = Satisfactory** **U = Unsatisfactory** Place any comments if necessary and initial.

Evaluator (print name): _____

Aseptic Technique	OBS	S	U	Comments	Initials
Verify the physician's order					
Confirmed the patient's identity using at least two patient identifiers.					
Provided privacy					
Explained the procedure to the patient to enhance cooperation					
Gathered and prepared the necessary equipment					
Work area is kept clean with appropriate disinfecting or cleaning solution					
Cleaned the area after the procedure					
Washed hands before and after the procedure					
Kept traffic in the area to a minimum, if possible					
Avoided direct air currents on the area from open windows, doors, heat or air conditioning vents					
If he/she was not uncertain if an item was clean, he/she discarded it or cleaned it prior to use					
Discarded the soiled dressing/supplies/sharps in an appropriate trash receptacle.					

Employee Signature _____
Date

Evaluator Signature _____
Initials **Date**