***Name of MTF***

**Medical Equipment Tracer Checklist**

**Process: Staff Knowledge/Medical Equipment Date:**

**Location: Inspected by:**

|  |  |  |
| --- | --- | --- |
|  | **Check** | **Gaps and Recommendations** |
| **Plan** | **– Does the department use medical equipment?****– Are equipment manuals maintained in the department and accessible?** |  |
| **Teach** | **– Is staff competency regarding equipment use documented?** |  |
| **Implement** | **Staff can answer the following questions:** |
| **– Do you help medical equipment repairers find equipment requiring preventive maintenance?****– What equipment is maintained by the Medical Equipment Branch?****– What equipment is maintained by contractor?****– How do you know if the equipment is properly maintained?****– How do you clean and disinfect this (name of device)?** |  |
| **Respond** | **– Have you had any medical equipment fail in the past 12 months?****– Was it necessary to initiate emergency clinical procedures when the (name of device) failed?****– What did you do?****– How did you report the failure?****– How quickly did the Medical Equipment Branch/contractor respond when the (name of device) failed?****– What was the reason that the equipment failed?****– Is there back-up equipment for (name device)?****– Where is the back-up equipment located?****– What policies or SOPs are in place to address this type of failure?** |  |
| **Monitor** | **– Has the equipment failed more than once?** |  |
| **Improve** | **– What actions were taken to prevent future failures?** |  |