***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?** |  |