



# Operating Room Readiness Checklist

## HVAC System

Verification of Heating, Ventilation, and Air Conditioning system functionality and environmental control.

### Room Temperature (degrees Celsius)

### Relative Humidity (%)

### Air Changes per Hour (ACH)

### Filter Status

- ☐ Clean
- ☐ Needs Replacement
- ☐ Dirty

### Supply Air Pressure (Positive/Negative)

- ☐ Positive
- ☐ Negative
- ☐ As Per Protocol

### Last Filter Replacement Date

Enter date...

### Notes / Deviations from Standard

Write something...

## Lighting

Assessment of operating room lighting systems for adequate intensity and functionality.

### Ambient Light Level (Lux)

Enter a number...

### Surgical Light Footcandle Level (at surgical field)

Enter a number...

### Surgical Light Focus Functionality

- ☐ Working
- ☐ Malfunctioning
- ☐ Needs Repair

### Emergency Backup Lighting Status

- ☐ Operational
- ☐ Needs Testing
- ☐ Out of Service

### Dimming Functionality - Satisfactory?

- ☐ Yes
- ☐ No

### Notes/Observations Regarding Lighting

Write something...

## Electrical Systems

Evaluation of power supply, backup generators, and electrical safety.

### Main Power Voltage (VAC)

Enter a number...

### Emergency Generator Voltage (VAC)

Enter a number...

### Main Power Voltage Stability (RMS deviation)

Enter a number...

### Automatic Transfer Switch (ATS) Status

- ☐ Operational
- ☐ Needs Maintenance
- ☐ Failed

### Last ATS Test Date

Enter date...

### Time of Last ATS Test

### UPS (Uninterruptible Power Supply) Status

- ☐ Operational
- ☐ Needs Maintenance
- ☐ Failed

### Notes on Electrical System Observations

Write something...

## Medical Gas Systems

Confirmation of medical gas supply, pressure, and leak detection.

### Oxygen Cylinder Pressure (PSI)

Enter a number...

### Nitrous Oxide Cylinder Pressure (PSI)

Enter a number...

### Medical Air System Pressure (PSI)

Enter a number...

### Vacuum System Pressure (inHg)

Enter a number...

### Gas Cylinder Valve Condition

- ☐ Good
- ☐ Leaking
- ☐ Damaged
- ☐ Needs Lubrication

### Gas Manifold Pressure Gauges

- ☐ Reading within Range
- ☐ Reading Outside Range
- ☐ Damaged
- ☐ Missing

### Last Medical Gas System Inspection Date

Enter date...

## Water Supply & Drainage

Inspection of water supply, hot water temperature, drainage functionality, and backflow prevention.

### Hot Water Temperature (at OR sink)

Enter a number...

### Water Pressure (at OR sink - PSI)

Enter a number...

### Backflow Prevention Device Status

- ☐ Operational
- ☐ Needs Maintenance
- ☐ Out of Service

### Sink Drain Functionality

- ☐ Draining Properly
- ☐ Slow Drain
- ☐ Blocked Drain

### Eye Wash Station Functionality

- ☐ Functional
- ☐ Needs Maintenance
- ☐ Out of Service

### Last Water Quality Test Date

Enter date...

## Comments/Notes Regarding Water Systems

Write something...

# Air Quality & Ventilation

Assessment of air filtration, positive/negative pressure differentials, and air exchange rates.

## Positive/Negative Pressure Differential (Pa)

Enter a number...

## Air Changes per Hour (ACH)

Enter a number...

## HEPA Filter Status (All Filters)

- ☐ OK - Within Expiration
- ☐ Replace Soon (Within 3 Months)
- ☐ Replace Immediately

## Supply Air Temperature (Operating Room)

- ☐ Within Range (20-24°C)
- ☐ Outside Range - Corrective Action Needed

### Air Quality Concerns Observed?

- ☐ Dust
- ☐ Odors
- ☐ Visible Particulates
- ☐ None Observed

### Last Ventilation System Maintenance

Enter date...

### Comments/Observations Regarding Ventilation System

Write something...

## Emergency Power Systems

Testing and verification of emergency generators and transfer switches.

### Generator Runtime Hours (Last Test)

Enter a number...

### Generator Voltage (During Test)

Enter a number...

### Transfer Switch Contact Resistance (Ohms)

Enter a number...

**Last Generator Test Start Time**

**Date of Last Generator Maintenance**

Enter date...

**Generator Load Test Passed?**

- ☐ Yes
- ☐ No
- ☐ N/A

**Any Notes or Observations During Testing?**

Write something...

**ATS (Automatic Transfer Switch) Operation Verified?**

- ☐ Yes
- ☐ No
- ☐ N/A

## Fire Safety

Confirmation of fire suppression systems, smoke detectors, and emergency exit accessibility.

**Last Fire Extinguisher Inspection Date**

Enter date...

**Fire Extinguisher Pressure (PSI)**

Enter a number...

**Fire Suppression System Status**

- ☐ Functional
- ☐ Needs Repair
- ☐ Out of Service

**Smoke Detector Status**

- ☐ Operational
- ☐ Needs Maintenance
- ☐ Faulty

**Emergency Exit Lighting Status**

- ☐ Functional
- ☐ Dim
- ☐ Not Working

### Location of Fire Control Panel

 [Set My Current Location](#)



### Any Observations/Comments Regarding Fire Safety

Write something...

## Cleanliness and Infection Control

Evaluation of surface cleanliness, waste management, and overall hygiene standards.

### Surface ATP Readings (Average)

Enter a number...

### Visible Soil/Residue Present?

☐

Yes

☐

No

☐

Unsure

### **Describe Any Visible Soil/Residue (if applicable)**

Write something...

### **Waste Receptacle Liners Present?**

☐ Yes

☐ No

### **Spill Kit Readily Available?**

☐ Yes

☐ No

### **Photographic Evidence (if issues observed)**

 Upload File

### **Last Deep Cleaning Date**

Enter date...

## **Equipment Infrastructure**

Verification of infrastructure supporting operating room equipment (e.g., power outlets, data ports, compressed air).

### **Outlet Voltage (Volts)**

Enter a number...

### Outlet Frequency (Hz)

Enter a number...

### Dedicated Circuit Amperage (Amps)

Enter a number...

### Data Port Functionality (Ethernet, Fiber)

- ☐ Ethernet - Verified
- ☐ Fiber - Verified
- ☐ Ethernet - Not Tested
- ☐ Fiber - Not Tested
- ☐ Data Port Unavailable

### Compressed Air Line Pressure (if applicable)

- ☐ Within Specified Range
- ☐ Outside Specified Range
- ☐ Not Applicable

### Notes/Observations Regarding Infrastructure

Write something...