



Operating Room Skills Checklist

Print Name _____

Signature _____

Date _____

Please check the appropriate column that best describes your experience level.

LEVEL OF PROFICIENCY

- 1 - Unfamiliar S - Scrub
- 2 - Familiar C - Circulate
- 3 - Very Familiar FA - First Assist

CHECK THE APPROPRIATE BOX

- ST CST CFA
- RN RNFA

	FA	S	C	1	2	3
General Surgery						
AKA/BKA (amputation)	_____	_____	_____	_____	_____	_____
Radical Mastectomy	_____	_____	_____	_____	_____	_____
Mammoplasty	_____	_____	_____	_____	_____	_____
Rectal Procedures	_____	_____	_____	_____	_____	_____
Abdominal-Perineal Resection	_____	_____	_____	_____	_____	_____
Cholecystectomy/Cholangiogram	_____	_____	_____	_____	_____	_____
Exploratory Laparotomy	_____	_____	_____	_____	_____	_____
Appendectomy	_____	_____	_____	_____	_____	_____
Inguinal Herniorrhaphy	_____	_____	_____	_____	_____	_____
Breast Biopsy	_____	_____	_____	_____	_____	_____
Thyroidectomy	_____	_____	_____	_____	_____	_____
Leveen-Peritoneal Shunt	_____	_____	_____	_____	_____	_____
Bowel/Colon Resection	_____	_____	_____	_____	_____	_____
Colostomy	_____	_____	_____	_____	_____	_____
Gastrectomy	_____	_____	_____	_____	_____	_____
Splenectomy	_____	_____	_____	_____	_____	_____
Esophagoscopy/Gastroscopy	_____	_____	_____	_____	_____	_____
Insertion Groshong Catheter	_____	_____	_____	_____	_____	_____
General Laparoscopic Procedures						
Exploratory Laparoscopy	_____	_____	_____	_____	_____	_____
Laparoscopic Cholecystectomy	_____	_____	_____	_____	_____	_____
Laparoscopic Appendectomy	_____	_____	_____	_____	_____	_____
Laparoscopic Bowel Resection	_____	_____	_____	_____	_____	_____
Laparoscopic Herniorrhaphy	_____	_____	_____	_____	_____	_____

	FA	S	C	1	2	3
Pediatric						
Inguinal Herniorrhaphy	_____	_____	_____	_____	_____	_____
Circumcision	_____	_____	_____	_____	_____	_____
Exploratory Laparotomy	_____	_____	_____	_____	_____	_____
Pyloric Stenosis	_____	_____	_____	_____	_____	_____
Thoracic						
Thoracotomy	_____	_____	_____	_____	_____	_____
Thoracoscopy	_____	_____	_____	_____	_____	_____
Lobectomy	_____	_____	_____	_____	_____	_____
Mediastinoscopy	_____	_____	_____	_____	_____	_____
Insertion of Chest Tubes	_____	_____	_____	_____	_____	_____
Bronchoscopy	_____	_____	_____	_____	_____	_____
Esophagoscopy	_____	_____	_____	_____	_____	_____
Vascular						
Aorto-Iliac/Femoral Graft	_____	_____	_____	_____	_____	_____
Abdominal Aortic Aneurysm	_____	_____	_____	_____	_____	_____
Femoral-Popliteal Graft	_____	_____	_____	_____	_____	_____
Carotid Endarterectomy	_____	_____	_____	_____	_____	_____
Av Shunt (arterio-venous)	_____	_____	_____	_____	_____	_____
Thrombectomy	_____	_____	_____	_____	_____	_____
Insertion of Pacemaker	_____	_____	_____	_____	_____	_____
Insertion Vena Cava	_____	_____	_____	_____	_____	_____
Umbrella Filter	_____	_____	_____	_____	_____	_____

FA S C 1 2 3

Plastics

Facelift	_____	_____	_____	_____	_____
Skin Grafts	_____	_____	_____	_____	_____
Augmentation Mammoplasty	_____	_____	_____	_____	_____
Reduction Mammoplasty	_____	_____	_____	_____	_____
Rhinoplasty	_____	_____	_____	_____	_____
Cleft Lip Repair	_____	_____	_____	_____	_____
Cleft Palate Repair	_____	_____	_____	_____	_____
Abdominoplasty	_____	_____	_____	_____	_____
Suction Lipectomy	_____	_____	_____	_____	_____
Otoplasty	_____	_____	_____	_____	_____
Blepharoplasty	_____	_____	_____	_____	_____

FA S C 1 2 3

Ears, Nose & Throat

Tonsillectomy/Adenoidectomy	_____	_____	_____	_____	_____
Myringotomy	_____	_____	_____	_____	_____
Middle Ear Cases	_____	_____	_____	_____	_____
Tympanoplasty	_____	_____	_____	_____	_____
Caldwell-Luc	_____	_____	_____	_____	_____
Vocal Cord Stripping	_____	_____	_____	_____	_____
Sinus Endoscopy	_____	_____	_____	_____	_____
Septoplasty	_____	_____	_____	_____	_____
Parotidectomy	_____	_____	_____	_____	_____

Transplants

Cadaver Kidney Recovery (Harvest)	_____	_____	_____	_____	_____
Kidney Transplant Recipient	_____	_____	_____	_____	_____
Kidney Transplant Donor	_____	_____	_____	_____	_____
Heart	_____	_____	_____	_____	_____
Liver	_____	_____	_____	_____	_____
Lung	_____	_____	_____	_____	_____
Multi-organ (Harvest)	_____	_____	_____	_____	_____

List any additional skills or experience.
