

# Endoscope Log

Bethesda   
  Boundary   
  Carman   
  Portage   
  Ste. Anne

Date: _____  Bedside cleaning completed by: <input type="checkbox"/> Nurse <input type="checkbox"/> ORA <input type="checkbox"/> HCA  Time: _____ Initials: _____	Addressograph Label Client Label DOB mm/dd/yyyy PHIN/MHSC# HRN
<input type="checkbox"/> Gastroscope <input type="checkbox"/> Colonoscope  Bar code number: _____	
<input type="checkbox"/> See printout for any missing information	
Serial number: _____	
Leak test by: _____  Time started cleaning scope: _____  Manually cleaned by: _____	
Placed in reprocessor basin by: _____  <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> N/A	
Strip test by: _____  <input type="checkbox"/> PASS <input type="checkbox"/> FAIL  Removed from reprocessor by: _____	
If transportation from bedside cleaning to manual decontamination exceeds the 1-hour time frame refer to the delayed reprocessing log form CLI.5510.PL.003.FORM.01.	



# Endoscope Log

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Addressograph Label
Client Label
DOB mm/dd/yyyy
PHIN/MHSC#
HRN

## Delayed Reprocessing

Time manual Clean started \_\_\_\_\_  Leak Test     Brush Channel X 3     Suction Solution for 30 sec

Soak endoscope for 1-2 hours. Time soaking started: \_\_\_\_\_ Soak Time Ended: \_\_\_\_\_

Channel Check verification test results     Pass     Fail

Action taken if Failed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Endoscope Reprocessor cycle complete     Pass     Fail

Action taken if Failed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Endoscope Reprocessor solution test     Pass     Fail

Action taken if Failed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_