



TOOLKIT 1 · SURGICAL SAFETY · TOOL 5 OF 5

## Checklist Compliance Audit Form

Ten observed cases a month. Observation, not signatures

|                                               |  |
|-----------------------------------------------|--|
| Hospital / theatre                            |  |
| Month                                         |  |
| Observer (not a member of the operating team) |  |

| Case                                                    | Date | Sign In done             | Read aloud               | Team attentive           | Time Out done            | Read aloud               | All items                | Sign Out done            | Counts confirmed         | Specimen read aloud      | Total (of 9) |
|---------------------------------------------------------|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
| 1                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 2                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 3                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 4                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 5                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 6                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 7                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 8                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 9                                                       |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 10                                                      |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| Compliance this month: total ticks ÷ 90 × 100 = _____ % |      |                          |                          |                          |                          |                          | Last month: _____ %      |                          |                          | Target: 95 %             |              |

**Rules.** Tick only what you saw. "Read aloud" means audible to the room. "Team attentive" means no one was on a phone or out of the room. Report by theatre and by surgeon to the theatre committee; post the theatre-level figure on the notice board. A signed checklist sheet is not evidence of a performed checklist.

**ASF standards:** Hospital Standard 4 — surgical safety criteria (means of verification: observation audit)