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**Checklist:   
Written Process for Routine Review of Safety and Maintenance of Equipment**

[The Infection Control and Equipment Maintenance Standard](https://www.collegept.org/rules-and-resources/infection-control-equipment-maintenance) requires you a   
written process for routinely reviewing the maintenance and safety of the equipment you use.

**IMPORTANT:** You must have your written instructions along with the completed checklist available for the assessor to review with you at your on-site assessment. The assessor will document if materials were complete and available at the time of assessment.

**Note:** Either hard copy or electronic copies of the checklist and your written instructions are acceptable.

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| **Please fill in all of the sections below.** | |
| Your Name |  |
| Your Registration Number |  |

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| **Does your policy include the following information?** | **Yes/No** | **Not applicable** |
| A list of the types of equipment that the PT uses to provide patient care that could pose a risk to patients if it is not maintained |  |  |
| A description of a process to confirm that the equipment is maintained |  |  |
| A statement of how often the maintenance and safety of equipment is reviewed |  |  |
| A description of what will be checked when the equipment maintenance and safety is reviewed |  |  |
| A description of what action taken if it is discovered that the equipment needs servicing or maintenance |  |  |
| A description of what action would be taken if it is discovered that the equipment is not safe |  |  |
| A method to document when the review occurred, the outcome of the review, and what actions were taken if necessary |  |  |

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| **Provide any additional comments here** |
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_