

Home Birth Supplies Program - Instrument Reprocessing Checklist (SAMPLE)

Midwife name: _____ Contact Number/Email: _____

Instrument Sets dropped off:

Instrument	Description	Number/set	Number of sets dropped off	Notes
<i>Birth Set</i>				
Scissors (curved)	6 ¾" Mayo scissors (curved)	1		
Hemostatic Forceps (curved)	8" Rochester-Pean Forceps (curved)	2		
<i>UVC Set</i>				
Tissue Forceps	5 ¾" Tissue forceps	1		
Scissors	5 ¾" Metzenbaum scissors	1		
Mosquito Forceps	5" Mosquito forceps (straight)	1		
Probe	6" P-604_ALMEDIC	1		
Needle Holder	5 ½" Halsey Needle holder	1		
<i>Suture Set</i>				
Dressing Forceps	5 ¾" Dressing forceps	1		
Tissue Forceps	5 ¾" Tissue forceps	1		
Sponge Forceps (aka – Ring) (straight)	9 ½" Sponge Forceps (straight)	1		
Scissors (straight)	6 ¾" Mayo scissors (straight)	1		
Needle Holder	5 ½" Halsey Needle holder	1		
<i>Episiotomy Scissors Package*</i>				
Episiotomy scissors	5 ½" Braun Episiotomy scissors (angled, blunt/blunt)	1		

*Some health authorities have included this item in the Birth Set

Signature: _____

Date (dd/mm/yyyy): _____

FOR REPROCESSING USE ONLY:

Full sets: Y N

Date (dd/mm/yyyy): _____

Notes: _____

Midwife name: _____ Contact Number/Email: _____

Instrument Sets picked up:

Instrument	Description	Number/set	Number of sets dropped off	Notes
<i>Birth Set</i>				
Scissors (curved)	6 ¾" Mayo scissors (curved)	1		
Hemostatic Forceps (curved)	8" Rochester-Pean Forceps (curved)	2		
<i>UVC Set</i>				
Tissue Forceps	5 ¾" Tissue forceps	1		
Scissors	5 ¾" Metzenbaum scissors	1		
Mosquito Forceps	5" Mosquito forceps (straight)	1		
Probe	6" P-604_ALMEDIC	1		
Needle Holder	5 ½" Halsey Needle holder	1		
<i>Suture Set</i>				
Dressing Forceps	5 ¾" Dressing forceps	1		
Tissue Forceps	5 ¾" Tissue forceps	1		
Sponge Forceps (aka – Ring) (straight)	9 ½" Sponge Forceps (straight)	1		
Scissors (straight)	6 ¾" Mayo scissors (straight)	1		
Needle Holder	5 ½" Halsey Needle holder	1		
<i>Episiotomy Scissors Package*</i>				
Episiotomy scissors	5 ½" Braun Episiotomy scissors (angled, blunt/blunt)	1		

*Some health authorities have included this item in the Birth Set

Signature: _____

Date (dd/mm/yyyy): _____

Notes: _____