THE UNIVERSITY OF TOLEDO MEDICAL CENTER
STERILE PROCESSING DEPARTMENT PROCEDURE

SUBJECT: Loaner Trays  PROCEDURE NO: SP1-4

PROCEDURE STATEMENT
All loaner instrument trays will be checked in by a Surgical Technician or supervisor upon arrival in the department, decontaminated and sterilized cleaned and sterilized and documented accordingly.

PURPOSE OF PROCEDURE
To insure that all loaner instruments are handled and processed in accordance with the Sterile Processing department policies and procedures.

PROCEDURE
1. Sales representatives bringing loaner instruments to Sterile Processing to be sterilized for a scheduled procedure will do the following:
   a. Present themselves with proper identification and their instruments to the Prep and Pack area of Sterile Processing.
   b. Fill out the Sterile Processing Loaner Tray Form. (See attached.)
   c. Instruments and form must be presented to a Surgical Technician or Supervisor to inspect the instruments to insure that everything needed is available and that they are in good working order.
   d. When the Surgical Tech or Supervisor is satisfied that the instrumentation is complete and in good working order the sales rep will then take the loaners to the Decontamination room for processing.
   e. At the time of receipt, the person receiving the instruments will establish their priority for processing.
   f. After Decontamination the Surgical Tech will prepare the loaners for sterilization, fill out the Prep & Pack area on the form and give the loaners and form to the person assigned the front table to sterilize.
   g. The person sending the loaners to the O.R. will sign and time the form in the appropriate spaces. The form will be placed in the OR log book located on the lower shelf of the table near the cooling racks.

2. All instrument trays received sterile from outside of UTMC will be treated and reprocessed as contaminated. They will be torn down, decontaminated and resterilized.

Reviewed/Revised:
2001  2002  2005
2007  2010  1/28/2014
**STERILE PROCESSING LOANER TRAY FORM**

SALES REPS MUST SEE A **SURGICALTECH** OR **SUPERVISOR** WHEN DROPPING OFF INSTRUMENTS

**SALES REPRESENTATIVE:** ________________________________

**COMPANY:** ___________________________________________

**CONTACT PHONE/PAGER#:** _____________________________

---

**TRAYS BEING DELIVERED**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

LIST ADDITIONAL INSTRUMENT SETS ON BACK.

**TOTAL NUMBER OF TRAYS:** _____________________________

**DATE AND TIME RECEIVED:** __/__/__  ___:____ (AM) (PM)  **RECEIVED BY:** ______________________

---

**SURGERY INFORMATION**

**DATE OF SURGERY:** __/__/__  **DAY OF SURGERY:** S M T W T F S

**TIME OF SURGERY:** _____:_______ (AM) (PM)

**LOCATION:** (MAIN O.R.______) (OUTPATIENT O.R.______)

**SURGERY TYPE:** ______________________________________

**SURGEON:** _________________________________________

**SPECIAL INSTRUCTIONS:** ________________________________________________

---

**PREP & PACK**

**PREP & PACKED BY:** ________________________________

**SPECIAL INSTRUCTIONS:** *(LABEL EXACTLY AS ON TRAY)*

**DATE AND TIME OF PREP & PACK:** __/__/____  ___:____ (AM) (PM)

**TIME STERILIZED:** _____:_______ (AM)(PM)  **STERILIED BY:** ______________________

**DATE / TIME SENT TO** (Circle one) OR / **OPS** __/__/____  ___:____(AM)(PM)

**SENT BY:** ________________________________