

**SDH / MTD**  
**AUDIT OF COMPLETION OF WHO SURGICAL SAFETY CHECKLIST**

We are carrying out a spot check audit to check completion of the WHO Surgical Safety Checklist. Each patient should arrive in recovery with a fully completed checklist inserted in their notes (all questions ticked). Please could you answer either YES (✓) or NO (✗) in each section for each patient.

Patient Number	1	2	3	4	5	6	7	8	9	10
Was the Sign In Section fully completed?										
Was the Time Out Section fully completed?										
Was the Sign Out Section fully completed?										
Was the WHO Safety checklist in patient notes?										

Please note Theatre & Practitioner in Charge of Operating Room.

Return to Co-Ordinator Office F.A.O Liz Pickering

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Recovery Lead: \_\_\_\_\_

Action for non-compliance