

Purchasing Medical Devices – Optional Tracking Checklist for Infection Control Professionals

Note: Completion of this IPC tracking checklist is an optional tool for Infection Prevention and Control Professionals to use if they want to record their participation in the [purchasing medical devices suite of information sheets](#).

If you have any questions or comments contact IPC at jpcsurvstdadmin@ahs.ca.

Best practice recommendations

Demographic Information			
Requesting site / facility and department:			
Name of end-user responsible for purchase:			Phone:
Type of request: Purchase <input type="checkbox"/>		Evaluation <input type="checkbox"/>	Other <input type="checkbox"/>
Request Priority: Routine <input type="checkbox"/>		Urgent <input type="checkbox"/>	
Start date:		Completion date:	
Name of product / equipment (including Model Number). Refer to page 2 for additional space:			
Spaulding Classification			
Non-Critical <input type="checkbox"/>	Semi-Critical <input type="checkbox"/>	Critical <input type="checkbox"/>	Reprocessing Equipment <input type="checkbox"/>
(Routine IPC review not required unless IPC determines otherwise.)	(Confirm end-user has consulted MDR.)	(Confirm end-user has consulted MDR.)	e.g., thermal disinfectors and sterilizers (Confirm end-user has consulted MDRD and FME.)
Confirms the critical or semi-critical medical device or equipment will be used according to the manufacturer's intended use.			
Name:		Date:	
Signature:			
Additional IPC recommendations e.g., problems with MIFU, discussions with MDR:			

Legend

End-user means requester, purchaser, and authorizer of purchase
 FME: Facilities, Maintenance and Engineering
 IPC: Infection Prevention and Control
 MDRD: Medical Device Reprocessing Department
 MIFU: Manufacturer's Instructions for Use

For more information contact jpcsurvstdadmin@ahs.ca
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Created	2019-05-01
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Table 1 Component Information

List all components required with this purchase		Indicate component reusability	
ID	Component name / descriptor	Reusable	Single use
a.		<input type="checkbox"/>	<input type="checkbox"/>
b.		<input type="checkbox"/>	<input type="checkbox"/>
c.		<input type="checkbox"/>	<input type="checkbox"/>
d.		<input type="checkbox"/>	<input type="checkbox"/>
e.		<input type="checkbox"/>	<input type="checkbox"/>
f.		<input type="checkbox"/>	<input type="checkbox"/>
g.		<input type="checkbox"/>	<input type="checkbox"/>
h.		<input type="checkbox"/>	<input type="checkbox"/>
i.		<input type="checkbox"/>	<input type="checkbox"/>
j.		<input type="checkbox"/>	<input type="checkbox"/>
k.		<input type="checkbox"/>	<input type="checkbox"/>
l.		<input type="checkbox"/>	<input type="checkbox"/>