



Validation Record For Sterile Gowning Procedure

(Ref. MICLAB 010)

| | | | |
|-----------------------|--|------------------------------|--------------------|
| Participant | | Date | |
| Position | | Validation Attempt | |
| Team/Work Area | | Reason for Validation | Please Tick |
| Reports to | | New Sterile Operator | |
| Comments | | Annual Re-validation | |
| | | Three Months | |
| | | Other (Please Specify) | |

| GOWNING PROCEDURE CHECKLIST | CONFORMS (Y/N) / COMMENTS |
|--|----------------------------------|
| 1. "Dirty" side procedures, hands and nails free of excess dirt, fresh band aids on cuts. | |
| 2. Undergarments and hairnets, correct use. | |
| 3. Putting on Sterile socks while crossing barrier between "dirty" and "clean" sides. | |
| 4. Putting on slip-on safety shoes. | |
| 5. 1st wash - hands & forearms including area between fingers. Contact time of Biocide solution at least 60 sec. | |
| 6. Nailbrush scrub with Biocide solution -Top surface of nails, under fingernails rinsing procedure. | |
| 7. Drying with sterile wipe (picked up from the top of the pile) – forearms, hands. | |
| 8. Putting on Hood – technique, not touching external surface, hair net coverage. | |
| 9. Putting on Face mask – technique, position. | |
| 10. 2nd wash - hands & forearms including area between fingers. Contact time of Biocide solution at least 60 sec. | |
| 11. Drying with sterile wipe (picked up from the top of the pile) - forearms, hands | |
| 12. Putting on Overalls – uniform not touching floor, not touching external surface, covering hood flap. | |
| 13. Putting on Overshoes – not touching external surface, foot straps and clips. | |
| 14. Putting on Gloves – technique, not touching external surfaces with bare hands. | |
| 15. Pulling up Overshoes – leg straps and clips. | |

| | | |
|--|--------------|-------------|
| Validated Microbiology Technician | Print | Sign |
| | | |



Validation Record For Sterile Gowning Procedure

(Ref. [MICLAB 010](#))

Complete the following section upon recording validation results

| Actions in the Event of Failure | | Validation Successful (Y/N) | |
|---------------------------------|--|-----------------------------|--|
| | | | |

| Follow up checklist | Tick appropriate |
|--|---|
| Email/Notification of validation result sent to participant: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Sterile Entry Master List updated with successful validation date: | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| Validation record photocopy sent to Manufacturing Learning: | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |

| Recorded by: | Print | Sign |
|--------------|-------|------|
| | | |
| Approved by: | | |