

# Fire Risk Assessment Score Verbalized During the Time Out

| Time Out Checklist  | Time Out |   |   |
|---|----------|---|---|
|   |          |   |   |
| Time Out  |          |   |   |
| <input type="checkbox"/> The Surgical Team has performed a Time Out and all members have verbally agreed.   |          |   |   |
| Time Out Date/Time:   |          |   |   |
|   | -        | / | - |
| Time Out Date/Time: [ ] / [ ] / [ ]   |          |   |   |
| Surgical Time Out Includes  |          |   |   |
| <input type="checkbox"/> Correct patient identity<br><input type="checkbox"/> Agreement on procedure to be done<br><input type="checkbox"/> Correct side and site<br><input type="checkbox"/> Correct radiographic data, or other diagnostic studies, if applicable<br><input type="checkbox"/> Availability of implants/special equipment<br><input type="checkbox"/> Proper patient positioning<br><input type="checkbox"/> Verbalization of fire risk assessment score |          |   |   |