

Sterilization Log

Date: _____ Sterilizer Name: _____ Sterilizer Serial # _____ Location /Address /Room # _____
Class B Pre-Vacuum Sterilizer daily air-removal test: ____ Pass ____ Fail
Sterilization Monitoring Service _____
Account ID: # _____ Account access code _____ Monitor Service Telephone number: _____
Practice Contact Person in the event of a failure. Name: _____ Telephone: _____ Email: _____

Load #	Operator name/initials	Time sterilizer loaded	BI/Spore test performed Yes / No	Load/content (e.g., pouches, cassettes, etc.)	Time	Temp	PSI	Process Challenge Device (PCD) Result: Pass / Fail <i>(File integrator cycle/load card chronologically by load and date. File in designated file box located_____.)</i> name/initials