



STERILIZATION RECORDS FORM

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

Business Name and Location: _____

Name and type of sterilizer used	Date and time when the sterilizer was used	Equipment on which the sterilizer was used	Any preventative maintenance or repairs done on or to a sterilizer?	Did the sterilizer functioned properly after the maintenance or repairs?	Results of any checks or tests done on sterilizers



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Business Name and Location: _____

Sterilizer Model: _____ **Sterilizer Serial Number:** _____

Load Details	Pouch Contents	Sterilizer Readings met*	Operator Initials	Quality Indicators*	Operator Initials
Date: _____ Time: _____ Load #: _____		Temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemical indicator Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological Indicator: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date: _____ Time: _____ Load #: _____		Temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemical indicator Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological Indicator: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date: _____ Time: _____ Load #: _____		Temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemical indicator Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological Indicator: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date: _____ Time: _____ Load #: _____		Temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemical indicator Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological Indicator: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	

* Any "no" or "fail" requires system failures procedure documentation and follow up.

Print Name: _____ Signature: _____ Initials: _____