STERILIZATION LOG SHEET

Sterilizer name/ID: _____

Date	Load #	Cycle parameters		Parameters verified by printout / electronic record (yes/no)	Load contents	External chemical indicators		Internal chemical indicators			Biological indicators					Air removal test		Initials
		Time at temp	Sterilization temp			PASS/FAIL (circle one)		PASS/FAIL (circle one)		Expiry date checked	TEST Growth/ no growth (circle one)		GROWTH Growth/ no growth (circle one)		Expiry date checked	PASS/FAIL (circle one)		
		minutes	°C °F			PASS	FAIL	PASS	FAIL		G	NG	G	NG		PASS	FAIL	
		minutes	°C °F			PASS	FAIL	PASS	FAIL		G	NG	G	NG		PASS	FAIL	
		minutes	°C °F			PASS	FAIL	PASS	FAIL		G	NG	G	NG		PASS	FAIL	
		minutes	°C °F			PASS	FAIL	PASS	FAIL		G	NG	G	NG		PASS	FAIL	
		minutes	°C °F			PASS	FAIL	PASS	FAIL		G	NG	G	NG		PASS	FAIL	
		minutes	°C °F			PASS	FAIL	PASS	FAIL		G	NG	G	NG		PASS	FAIL	

NOTE: Record date, load # and sterilizer ID on patient chart.
NOTE: Air removal test only required in dynamic air removal type (vacuum) sterilizers.