STERILIZATION LOG SHEET

Month/Year:_____ Location/Unit:_____

Date (dd/mm/yy)	Time			Temp. ^{0}F or ^{0}C	Pressure	Temperature-sensitive indicator: Colour Change Observed (Y/N)	Operator's Initials	Comments
	Start	End	Cycle Length					

☐ **Biweekly spore test submitted date:** (dd/mm/yy) **Results received date:** (dd/mm/yy) **Result:** ☐ **Pass** ☐ **Fail**
☐ **Biweekly spore test submitted date:** (dd/mm/yy) **Results received date:** (dd/mm/yy) **Result:** ☐ **Pass** ☐ **Fail**
☐ **Biweekly spore test submitted date:** (dd/mm/yy) **Results received date:** (dd/mm/yy) **Result:** ☐ **Pass** ☐ **Fail**

For more detailed information, see Durham Region "Sterilization" poster

DURHAM REGION HEALTH DEPARTMENT

Durham Health Connection Line
905-668-2020 or 1-800-841-2729
durham.ca/KnowBeforeYouGo

Check&GO! Durham

Know Before You Go DURHAM

YouTube

If you require this information in an accessible format, contact 1-800-841-2729.

Source: Guide to Infection Prevention and Control in Personal Service Settings, Public Health Ontario, July 2019.

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