

Sterilization Log Sheet

Month/Year: _____

Location/Unit:

[illegible]

Biological Monitoring (Bi-weekly spore tests)

☐ **Date submitted:** (dd/mm/yy) _____ ☐ **Results received date:** (dd/mm/yy) _____ **Result:** ☐ **Pass** ☐ **Fail**

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

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

For more detailed information, see Durham Region “[Sterilizer On-site](#)” Info Sheet.

(<https://www.durham.ca/en/health-and-wellness/resources/Documents/PublicHealthInspectionsandInvestigations/DUHEV220Sterilization.pdf>)



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

This information is available in accessible format, contact 1-800-841-2729.

