

# Ultrasonic Cleaner Log Sheet

**Ultrasonic cleaners must:**

- Be used for any semi-critical or critical equipment/devices that have joints, crevices, lumens, or other areas that are hard to clean.
- Have all equipment/devices completely immersed in the ultrasonic solution.
- Be used and maintained according to manufacturer’s instructions.
- Be used with the lid on to prevent aerosolization and potential cross-contamination of surrounding area.
- Have the solution degassed at least daily before use for the day or when solution is topped up.
- Have the solution replaced at least daily or more frequently if it is visibly soiled.
- Be cleaned and disinfected at the end of the day’s use in accordance with manufacturer’s instructions.
- Be tested for efficacy at least weekly or according to manufacturer’s recommendations.

**Ultrasonic Cleaner ID:** \_\_\_\_\_ **Month:** \_\_\_\_\_

Date mm/dd/yyyy	Solution Degassed	Solution Changed	Cleaned and Disinfected	Efficacy Test			Staff Initials
	Daily, before use	Daily, end of day	Daily, end of day	Weekly			
	<input type="checkbox"/> Degassed	<input type="checkbox"/> Changed	<input type="checkbox"/> C and D	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	
	<input type="checkbox"/> Degassed	<input type="checkbox"/> Changed	<input type="checkbox"/> C and D	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	
	<input type="checkbox"/> Degassed	<input type="checkbox"/> Changed	<input type="checkbox"/> C and D	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	
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Durham Health Connection Line | 905-668-2020 or 1-800-841-2729  
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This information is available in accessible format, contact 1-800-841-2729.

Ultrasonic Cleaner ID: \_\_\_\_\_

Month: \_\_\_\_\_

Date mm/dd/yyyy	Solution Degassed Daily, before use	Solution Changed Daily, end of day	Cleaned and Disinfected Daily, end of day	Efficacy Test Weekly			Staff Initials
	<input type="checkbox"/> Degassed	<input type="checkbox"/> Changed	<input type="checkbox"/> C and D	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> N/A	
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