

Sterilization Log Sheet

Month/Year: _____

Location/Unit: _____

Date (dd/mm/yy)	Load or Lot #	Package Contents	Physical Monitoring					Chemical Monitoring			Maintenance/ Repairs	Operator Initials	Comments
			Start time	End time	Cycle Length	Temp °F or °C	Pressure	External Indicator Colour Change (Y/N)	Internal Indicator Colour Change (Y/N)	Bowie-Dick Test (Y / N or N/A)			

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/DUHEV-252SterilizationLog.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.