

UNCH STERILIZER MAINTENANCE AND REPAIR LOG

Sterilizers must be maintained according to the sterilizer manufacturer's instructions for use (user's manual). The manual must be kept on site as an on-going reference.

CLINIC NAME: _____

Sterilizer #: _____

Sterilizer Make & Model: _____

Check applicable maintenance performed per IFU **or** if sterilizer underwent repair (check box and note "OOS" when taken out of service or, "BIS" when placed back in service).

Attach sterilizer print-outs from **MONTHLY** maintenance here. (Weekly maintenance does not require a print out), **or** add brief description of issue needing repair. Note here that proper BI tests were completed and verified when repaired sterilizer is placed back in service.

Date	Staff Name	Weekly	Monthly	Repair	Printout from Monthly Maintenance or Description of Repair