UNCH Hospital Infection Prevention Department

Sterilization Log for Table Top Gravity Displacement Sterilizers

Clinic Name:_____

Sterilizer Make and Model: _____

Every Monday process and send biological indicators via lab courier to Infection Prevention Department

Date MM/DD/YY	Operator Initials	Indicate which cycle run: unwrapped, pouches, packs, handpieces, special	Load Contents ATTACH STERILIZER PRINT-OUT HERE	Class V chemical indicator ("CI") checked in every pack		Biological Indicator ("BI") Run with this Cycle		Sterilizer print-out reviewed, dated and initialed	Date BI sent to hospital epidemiology	BI Type: 1261, 1262, other	Test BI lot number (this BI was run through a sterilization cycle)	Control BI lot number (this BI was NOT run through a sterilization cycle)	BI expiration date	Date BI report rec'd from Hospital Epidemiology was reviewed
				Yes	No	Yes	No							
				Yes	No	Yes	No							
				Yes	No	Yes	No							

Staff

Initials	Signature	Initials	Signature	Initials	Signature