STERILIZATION LOG SHEET

DURHAM REGION HEALTH DEPARTMENT

Month/Year: _____ Location/Unit: _____

Date *(dd/mm/yy)*	Time			Temp. ^{o}F or ^{o}C	Pressure	Temperature-sensitive indicator: *Colour Change Observed (Y/N)*	Operator's Initials	Comments
	Start	*End*	*Cycle Length*					

☐ **Biweekly spore strip tests submitted:** *(dd/mm/yy)* ☐ Result received *(dd/mm/yy)* ☐ Result received *(dd/mm/yy)* ☐ Result received

PLEASE NOTE:

1. Pressure cookers, glass-bead sterilizers, microwaves, U.V. sterilizers, boiling water and dry-heat domestic ovens are **NOT** approved means of sterilizing.
2. The manufacturer's instructions for the sterilizing equipment must be onsite and easily accessible.
3. A record book for monitoring each load placed in the sterilizer (temperature, pressure and cycle length) must be maintained for a minimum of five years, with the last 12 months onsite.
4. Biweekly spore strip test results must be kept for a minimum of five years, with the last 12 months onsite.
5. Failed spore strip tests – refer to *Biological Monitoring of Sterilizer (Spore Test)* poster.

Sources: Ministry of Health and Long Term Care, Infection Prevention and Control Best Practices for Personal Services Settings, Jan. 2009.