simcoe muskoka
DISTRICT HEALTH UNIT

Company Name:

Sterilization Log

Name and Type of Sterilizer: _____

Month/ Year: _____

	Manufacturer's Minimum Requirements Record the following from manufacturer's directions:	
Sterilization Temperature	Minimum Temperature to be reached for sterilization	
Exposure time at sterilization temperature	Minimum Time required at Sterilization Temperature	
Sterilization Pressure	Minimum Pressure to be reached for sterilization	

Date and Time of Cycle	**Equipment Sterilized**	**Temperature (°F or °C)**	**Pressure**	**Time held at sterilization temp and**	**Temperature sensitive indicator: Colour Change Observed (Y/N)**	**Spore Test Completed (Maintain results separately)**	**Operator's Signature**
						☐	
						☐	
						☐	
						☐	
						☐	
						☐	
						☐	
						☐	
						☐	
						☐	
						☐	

Comments: