Sterilization Log Sheet
Month/Year:_____

Location:_____
Sterilizer Identification:_____

Date (dd/mm/yy)	Contents	Cycle Start Time	Cycle End Time	Cycle Length	Temp. °F or °C	Pressure	Internal/ External Chemical Indicator Color Change (Y/N)	Biological Indicator Used (Y/N)/ Result (pass/fail)	Operator's Initials	Comments
							/	/		

Biological spore test strips are submitted weekly