



High Level Disinfection Log

Bethesda
 Boundary
 Carman
 Portage
 Ste. Anne

Solution Type: _____ Date Activated: _____ Date Expires: _____

Patient MRN	Date/Time	Exposure Time	Temp.	Test Strip Expiry	Lens Check	Test Strip results Pass/Fail	Item(s) Description	Operator Initials

Date: _____ Lot No.: _____ Initials: _____ Test Strip Expiration Date: _____

Quality Test Pass Solution Strip Results 1 2 3

Quality Test Fail Solution Strip Results 1 2 3