



Manual Endoscope Reprocessing Form **Month:** _____

Bethesda
 Boundary
 Carman
 Portage
 Ste. Anne

Date:	Patient MRN	Endoscope Type		Endoscope Model & Serial Number	Resert					Sterile /RO Water Rinse X3	70% Alcohol Flush-Dry	Channel Check	Initials
		Gastro	Colon		New Resert Dispensing Date	Expiry Date	Temp 20-24'C	Test Strip Pass/Fail	Soak Time 5 Min				