



## Sterilization Requalification Record

Date: \_\_\_\_\_

BTHC   
  PDGH   
  Ste. Anne   
  Carman

Getinge	Model#	SN#	<input type="checkbox"/> Yes <input type="checkbox"/> No	Steris	Model #	SN#	<input type="checkbox"/> Yes <input type="checkbox"/> No
After a PM? <input type="checkbox"/> Yes <input type="checkbox"/> No		Service Call <input type="checkbox"/> Yes <input type="checkbox"/> No		Who made the call?			
Nature of Problem:					Name of technician Rep:		
Describe maintenance procedure:							
Signature of staff completing this form							
Signature of Manager or designate to authorized the release of sterilizer for use.						Date:	

Lot#	Apply load ID label or complete information	BI Results			Biological Indicator Results (circle one) + = positive for growth - = negative for growth		Chemical Indicator or BOWIE DICK	Initial IN incubator	Initial OUT incubator
		STER NO.	DATE IN	TIME IN					
Bowie Dick Lot# _____	STER NO.	DATE IN	TIME IN	1			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
	LOAD NO.	DATE READ	TIME READ						
Bowie Dick Lot# _____	STER NO.	DATE IN	TIME IN	2			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
	LOAD NO.	DATE READ	TIME READ						
Bowie Dick Lot# _____	STER NO.	DATE IN	TIME IN	3			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
	LOAD NO.	DATE READ	TIME READ						
BI- TEST Lot# _____	STER NO.	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A		
	LOAD NO.	DATE READ	TIME READ						
BI- TEST Lot# _____	STER NO.	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A		
	LOAD NO.	DATE READ	TIME READ						
BI- TEST Lot# _____	STER NO.	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> N/A		
	LOAD NO.	DATE READ	TIME READ						