



Sterilizer RESULTS Form

Date: _____

BTHC
 BRHC
 PRHC
 CMH
 HSAH

Biological and Other Indicators	Apply load ID label or complete information	Warm UP Bowie Dicks and BI Results			Biological Indicator Results (circle one) + = positive for growth - = negative for growth		Chemical Indicator or Print-Out	Initial IN incubator	Initial OUT incubator
<input type="checkbox"/> Steris Sterilizer <input type="checkbox"/> Getinge Sterilizer Warm UP cycle	Load label	TIME Start	TIME Finished				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	Print out READ initial						
<input type="checkbox"/> Steris Sterilizer <input type="checkbox"/> Getinge Sterilizer Warm UP cycle	Load label	TIME Start	TIME Finished				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	Print out READ initial						
<input type="checkbox"/> Steris Sterilizer <input type="checkbox"/> Getinge Sterilizer Bowie Dick Lot# _____	Load label	DATE IN	TIME IN				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
<input type="checkbox"/> Steris Sterilizer <input type="checkbox"/> Getinge Sterilizer Bowie Dick Lot# _____	Load label	DATE IN	TIME IN				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
Daily Control Lot# _____		Time IN		Well #	+	-			
		Time Out							
New Lot Control Lot# _____		Time IN		Well #	+	-			
		Time Out							
Leak TEST <input type="checkbox"/> Steris <input type="checkbox"/> Getinge	Load label	DATE IN	TIME IN				Result Rate #		
		DATE READ	TIME READ						
Leak TEST <input type="checkbox"/> Steris <input type="checkbox"/> Getinge	Load label	DATE IN	TIME IN				Result Rate #		
		DATE READ	TIME READ						

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BI- TEST Lot# _____	Load label	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
BI- TEST Lot# _____	Load label	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
BI- TEST Lot# _____	Load label	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
BI- TEST Lot# _____	Load label	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
BI- TEST Lot# _____	Load label	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
BI- TEST Lot# _____	Load label	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
BI- TEST Lot# _____	Load label	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						
BI- TEST Lot# _____	Load label	DATE IN	TIME IN	Well #	+	-	Lot# _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
		DATE READ	TIME READ						