Sterilization in Personal Service Settings

Sterilizer name:_____ Month:_____ Year:_____

Sterilization log

Cycle date (day/month/year)	**Load number**	**Contents**	**Start time**	**End time**	**Temperature**	**Pressure**	**Indicator change** (yes or no)	**Initials**	**Notes** (maintenance, repairs, failed cycle, corrective actions)	**Bi-weekly spore test** (date and results)

Please note:
1. Pressure cookers, glass-bead sterilizers, microwaves, U.V. sterilizers, boiling water, and dry-heat domestic ovens are not approved means of sterilizing.
2. The manufacturer's instructions for the sterilizing equipment must be onsite and easily accessible.
3. Records must be kept on-site for one year and available for an additional two years.
4. Failed spore tests must be reported to KFL&A Public Health.