

maxill u-test Sterilization Monitoring Record

Load #: _____ Date: _____ Test Performed By: _____
mm/dd/yy

Cycle Info: Type: _____ Time/Temp/Pressure: _____

BI Info: Lot#: _____ Exp Date: _____ Incubator Time/Temp: _____
yy/mm/dd

BI Results: **Control Vial:** Positive (Yellow) Negative (Purple) **Test Vial:** Positive (Yellow) Negative (Purple)

Overall Result: PASS FAIL Notes: _____

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