maxill CONTINUING EDUCATION

QA For Sterilizer: **Mechanical & Chemical Log**

Dental Office: _____

IPAC Rep: _____

Sterilizer #:

○ 1 ○ 2 ○ 3 ○ 4

(each sterilizer requires its own logging form)

Date	Physical Readings (If using computerized read-out, attach to this form)	Outcome of Physical Readings *Action Required? Y/N	Steps Taken for Action	Chemical Steam Strip Change in Colour? Y/N	Outcome of Chemical Readings Action Required? Y/N	Steps Taken for Action	Initials
	Temp: Pressure: Time:						
	Temp: Pressure: Time:						
	Temp: Pressure: Time:						
	Temp: Pressure: Time:						
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	Temp: Pressure: Time:						

***If outcome of physical readings consists of an error # displayed on the sterilizers dashboard, record the # and corresponding message.**