

QA For Sterilizer: Mechanical & Chemical Log

Dental Office: _____ Sterilizer #: 1 2 3 4
 IPAC Rep: _____ (each sterilizer requires its own logging form)

Date	Physical Readings <small>(If using computerized read-out, attach to this form)</small>	Outcome of Physical Readings <small>*Action Required? Y/N</small>	Steps Taken for Action	Chemical Steam Strip <small>Change in Colour? Y/N</small>	Outcome of Chemical Readings <small>Action Required? Y/N</small>	Steps Taken for Action	Initials
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*If outcome of physical readings consists of an error # displayed on the sterilizers dashboard, record the # and corresponding message.