

# 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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