maxill u·test Sterilization Monitoring Record

Load #:	Date: Test Performed By:
	ype: Time/Temp/Pressure:
Bl Info: Lo	ot#: Exp Date: Incubator Time/Temp:
	fontrol Vial: Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result: PASS FAIL Notes:	
Load #:	Date: Test Performed By:
	ype: Time/Temp/Pressure:
Bl Info: Lo	ot#: Exp Date: Incubator Time/Temp:
	ontrol Vial: Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result	t: PASS FAIL Notes:
	Date: Test Performed By:
Cycle Info: Ty	ype: Time/Temp/Pressure:
Bl Info: Lo	ot#: Exp Date: Incubator Time/Temp:
BI Results: C	ontrol Vial: Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result: PASS FAIL Notes:	
Load #:	Date: Test Performed By:
	Date: Test Performed By:
	ype: Time/Temp/Pressure:
	ot#: Exp Date: Incubator Time/Temp:
	ontrol Vial: Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result	t: PASS FAIL Notes:
Load #:	Date: Test Performed By:
	mm/dd/yy ype: Time/Temp/Pressure:
	ot#: Exp Date: Incubator Time/Temp:
	ontrol Vial: Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result: PASS FAIL Notes:	