

The purpose of this document is to record process parameters for steam sterilization in community health care settings. This will assist with tracking of medical devices used on clients/patients/residents in the event of a recall or follow-up investigation. For more information, see the [Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices](#) or email ipac@oahpp.ca.

Sterilizer Model: _____ Sterilizer Serial Number: _____

Load Details	Pouch Contents	Sterilizer Readings Met*	Operator Initials	Quality Indicators*	Operator Initials
Date: _____ Time: _____ Load #: _____		Temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemical indicator Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological Indicator: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date: _____ Time: _____ Load #: _____		Temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemical indicator Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological Indicator: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date: _____ Time: _____ Load #: _____		Temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemical indicator Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological Indicator: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Date: _____ Time: _____ Load #: _____		Temperature: <input type="checkbox"/> Yes <input type="checkbox"/> No Time: <input type="checkbox"/> Yes <input type="checkbox"/> No Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chemical indicator Change: <input type="checkbox"/> Yes <input type="checkbox"/> No Biological Indicator: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	

* Any "no" or "fail" requires system failures procedure documentation and follow up.

Print Name: _____ Signature: _____ Initials: _____
 Print Name: _____ Signature: _____ Initials: _____
 Print Name: _____ Signature: _____ Initials: _____

References:

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for cleaning, disinfection and sterilization in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2013. Available from: http://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization_2013.pdf

CSA Group. SPE 1112-14: The user handbook for medical device reprocessing in community health care settings. Toronto, ON: CSA Group; 2014.