***[Example: consult Manufacturer’s Instructions for specific safety checks and tests relating to your machine and adapt if required]***

Sheet Number\_\_\_\_\_ Month Commencing\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sheet End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sterilizer Test Record (NON-VACUUM / TYPE N)

Sterilizer serial number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily tests - week commencing \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | Signature | Reservoir drained\*\* |
| Values during hold period | | | Cycle time  min:sec | Pass/Fail  M = manual test\* |
| Temp. Deg C | Pressure Bar | Hold time min:sec |
| Mon |  |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Daily tests - week commencing \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | Signature | Reservoir drained\*\* |
| Values during hold period | | | Cycle time  min:sec | Pass/Fail  M = manual test\* |
| Temp. Deg C | Pressure Bar | Hold time min:sec |
| Mon |  |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Daily tests - week commencing** \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | Signature | Reservoir drained\*\* |
| Values during hold period | | | Cycle time  min:sec | Pass/Fail  M = manual test\* |
| Temp. Deg C | Pressure Bar | Hold time min:sec |
| Mon |  |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

\* Note – it is recommended that at least once a week the ACT is done manually by directly observing the sterilization temperature and pressure and measuring the hold time with a stopwatch. Note this on the test sheet by placing (M) after Pass/Fail on the day it is conducted.

\*\* The reservoir is drained at the end of each day and left to dry overnight.

# Sterilizer Test Record (NON-VACUUM /TYPE N)

Sterilizer serial number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily tests - week commencing** \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | Signature | Reservoir drained\*\* |
| Values during hold period | | | Cycle time  min:sec | Pass/Fail  M = manual test\* |
| Temp. Deg C | Pressure Bar | Hold time min:sec |
| Mon |  |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Daily tests - week commencing** \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | Signature | Reservoir drained\*\* |
| Values during hold period | | | Cycle time  min:sec | Pass/Fail  M = manual test\* |
| Temp. Deg C | Pressure Bar | Hold time min:sec |
| Mon |  |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

\* Note – it is recommended that at least once a week the ACT is done manually by directly observing the sterilization temperature and pressure and measuring the hold time with a stopwatch. Note this on the test sheet by placing (M) after Pass/Fail on the day it is conducted.

\*\* The reservoir is drained at the end of each day and left to dry overnight.

**Weekly safety checks & weekly tests** §

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date  week commencing | Cycle number | **Safety Checks** Pass/Fail | | | | **Automatic ControlTest**  Pass/Fail | Signature | Overall Pass/Fail |
| Door seal interlock | Door pressure | Door closed interlock |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

§ Consult Manufacturer’s Instructions for specific safety checks and tests relating to this machine.

Next maintenance by Test Person (Sterilizers) due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly maintenance and Revalidation by Test Person (Sterilizers) due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pressure Vessel Inspection due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Version history**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Version No.** | **Summary of change(s)** | **Updated by** | **Next review date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |