*[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 (VACUUM / TYPE B)

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

**Daily tests – week commencing** \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | **Steam Penetration Test** Pass/Fail | 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 |  |  |  |  |  |  |  |  |  |  |
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**Daily tests – week commencing** \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | **Steam Penetration Test** Pass/Fail | 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 |  |  |  |  |  |  |  |  |  |  |
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**Daily tests – week commencing** \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| 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 (VACUUM / TYPE B)

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

**Daily tests – week commencing** \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | **Steam Penetration Test** Pass/Fail | 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 |  |  |  |  |  |  |  |  |  |  |
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| Sat |  |  |  |  |  |  |  |  |  |  |
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**Daily tests – week commencing** \_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | **Checks**  Pass/Fail | Cycle number | **Automatic Control Test** (ACT) | | | | | **Steam Penetration Test** Pass/Fail | Signature | Reservoir drained\*\* |
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| Temp. Deg C | Pressure Bar | Hold time min:sec |
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| Tue |  |  |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |  |  |
| Thu |  |  |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |  |  |
| Sat |  |  |  |  |  |  |  |  |  |  |
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\*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.

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**Weekly safety checks & weekly tests** §

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date  week commen  -ncing | Cycle number | **Safety Checks** Pass/Fail | | | | **Tests** Pass/Fail | | | Signature | Overall Pass/Fail |
| Door seal | Door pressure interlock | Door closed interlock | *[Other specify]* | **Automatic Control** | **Automatic Air Leakage** | **Automatic Air Detect’n System Function** |
|  |  |  |  |  |  |  |  |  |  |  |
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§ 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** |
|  |  |  |  |  |
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