

Steam Sterilization Log

Business Name _____ Facility Permit # _____

Business Location _____ **CA** _____
 Street No. Street City Zip Instrument ID # _____

Date	Operator Initials	Load Description (sharps, cultures, etc.)	Run Time & Temp (min. 30 minutes at 250°F)	Adequate Decontamination (Tape Indicated)		Monthly Spore Test (Date)		Notes
				Yes	No	Pass	Fail	
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