Table-top Steam Sterilizer
Sterilization Record Form

Date *D/M/Y*	Inspection complete *Yes or No*	Equip/ Device	Temp *(___ºF)* *(___ºC)*	Time *(__min)*	Biological indicator *Positive-**P*** *or* *Negative-**N***	External indicator *Change in colour?* *Yes or No*	Internal indicator *Change in colour?* *Yes or No*	Initials

Signature:_____ Initials: _____
Signature:_____ Initials: _____
Signature:_____ Initials: _____