Sterilisation failure report

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Date found *

_____

Steriliser *

Its name or serial number.

_____

Cycle number *

_____

What failed *

☐ Chemical indicator ☐ Biological indicator ☐ Printout or data log ☐ Wet pack ☐ Other

Loads affected *

List every load since the last good cycle.

_____

_____

_____

Were the instruments recalled? *

☐ Yes ☐ No

Is the steriliser out of use? *

☐ Yes ☐ No

Action taken *

Reprocessing, service call, patients who may be affected.

_____

_____

_____

Signature *

This report is true to the best of my knowledge.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____