



STERILIZER MAINTENANCE LOG

Sterilizer ID: _____

Year: _____

Month:		Monthly maintenance (date/initials):									
Daily maintenance										Weekly maintenance (date/initials)	
Mon (date/initials)		Tues (date/initials)		Wed (date/initials)		Thurs (date/initials)		Fri (date/initials)			

Month:		Monthly maintenance (date/initials):									
Daily maintenance										Weekly maintenance (date/initials)	
Mon (date/initials)		Tues (date/initials)		Wed (date/initials)		Thurs (date/initials)		Fri (date/initials)			

NOTE: Daily, weekly, monthly and extended maintenance must be completed in accordance with manufacturer's instructions. Documentation of sterilizer servicing/repair must be kept.