[Company name]

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Dental practice sterilization log

Autoclave cycles - every load logged, every indicator checked.

Date: _____

Sterilization log

Date	Cycle no.	Load contents	Temp / time	Indicator pass	Initials
[Date]	[no.]	[e.g. handpieces, mirrors]	[134°C / 3.5 min]	[Y/N]	

Sign-off

Name: _____ **Signature:** _____ **Date:** _____