## maxill u·test Sterilization Monitoring Record

Load #:		Date: Test Performed By:
		Time/Temp/Pressure:
BI Info:	Lot#:	Exp Date: Incubator Time/Temp:
		Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result: PASS FAIL Notes:		
Load #:		Date: Test Performed By:
		Time/Temp/Pressure:
BI Info:	Lot#:	Exp Date: Incubator Time/Temp:
		Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result: PASS FAIL Notes:		
		Date: Test Performed By:
Cycle Info:	Type:	Time/Temp/Pressure:
BI Info:	Lot#:	Exp Date: Incubator Time/Temp:
BI Results:	<b>Control Vial:</b>	Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result: PASS FAIL Notes:		
Load #:		Date: Test Performed By:
		Date: Test Performed By:
		Time/Temp/Pressure:
		Exp Date: Incubator Time/Temp:
		Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)
Overall Result: PASS FAIL Notes:		
Load #:		Date: Test Performed By:
		mm/dd/yy Time/Temp/Pressure:
		Exp Date: Incubator Time/Temp:
	<u></u>	Positive (Yellow) Negative (Purple) Test Vial: Positive (Yellow) Negative (Purple)  FAIL Notes:
Overall Result: PASS FAIL Notes:		