**Flash Sterilization Record**

**Date:** (yyyy/mm/dd) ____________________________

**Site:** HI, DGH, VG10, VG11, Hants, Ophthalmology (circle one)

**Instructions:** Complete a new record daily for each flash sterilizer.

Sterilizer print outs/graphs are to be attached to this record daily, reviewed by the SPD Supervisor or delegate and retained for a period of 7 years.

<table>
<thead>
<tr>
<th>Decontaminated by: (initials)</th>
<th>Daily Load #</th>
<th>Load Contents</th>
<th>Item &amp; Quantity</th>
<th>Patient name (Place Pt label on back of this record)</th>
<th>Reason Item(s) Flashed</th>
<th>Chemical Integrator or Indicator Used (Check)</th>
<th>Temp 270°F 134°C</th>
<th>Exposure Time (minutes)</th>
<th>Dry Time (min) or N/A</th>
<th>OR #</th>
<th>Operator In &amp; Time (initials)</th>
<th>Operator Out &amp; Time (initials)</th>
<th>Biological Indicator (BI) results (+/-) Or N/A (initial)</th>
<th>Flash Pak(#) or Open Pan (OP) Method</th>
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**Reasons Item(s) Flashed**
- Booking = B
- Contaminated in OR = C
- Damaged wrap = D
- Lack of instruments = L
- Biological Testing = BI
- Maintenance Testing = M
- Other = O

**Initials & Signature**

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**Patient name**

(Place Pt label on back of this record)

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**CD0036_08_07**

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