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PUBLIC HEALTH LABORATORIES

1610 NE 150TH St., K 17-9
Shoreline, Washington 98155-7224

**STERILIZATION
MONITOR TEST**

Sterilizing Agent: Steam Dry Heat Gas

Sterilizer Identification _____

Date of Cycle _____ Operated by _____

Department _____

Comments _____

Report to _____ Phone () _____

_____ Street Fax () _____

_____ WA _____ PO# _____

City

Zip

LABORATORY RESULTS

Culture Medium _____ Incubation Temp _____ °C

Spore Lot # _____ Spore Expiration Date _____

Date								
Incubation Day		1	2	3	4	5	6	7
Control								
TEST(S)								
+ = Growth — = No Growth								

Sterilization Achieved
 Sterilization Not Achieved
 Unsatisfactory Test Inconclusive

Date Received _____ Date Reported _____ LAB NO. _____