

Small Steam Sterilizer with Type N Cycle Only

Hospital / Location _____

Department _____

Reference Number _____

Serial Number _____

Start Date for Logbook _____

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NHSScotland – Small Steam Sterilizer Type N Cycle Form (NLOG)

AUTOCLAVE DETAILS -This logbook covers 1 year beginning		
Hospital/Location		
Department	Ref No.	Ser No.

CONTENTS				
Included in this folder are the following forms :-				
Name of form	Code	No.	Copy	Purpose
Plant Test History Record	PTHR1			A record of all routine testing for a year
Plant History Record	PHR1			A record of faults/maintenance
Daily/ Weekly Test Sheet	NS1			Covers daily/weekly tests for a week
Quarterly Test Sheet	NS2			CP(D) quarterly test sheet
Yearly Test Sheet	NS3			CP(D) yearly test sheet

PERSONNEL	(name/organisation)	Tel No.
Management		
User		
Operator(s)		
Control of Infection Officer		
Competent Person(pressure systems)		
Authorising Engineer (Decontamination)		
Authorised Person (Decontamination)		
Competent person(s) (Decontamination)		
Microbiologist (Decontamination)		
Note that the personnel named in the last 7 categories should have appropriate qualifications/ training/ registration		

PRESSURE SYSTEMS SAFETY REGULATIONS 2000 and Pressure Equipment Regulations 1999		
This section to be filled in by the Competent person (pressure systems)		
Written scheme of examination exists/is suitable		
Inspection carried out on	Date	Inspected by
Result of examination / comments		

REVIEW BY AUTHORISING ENGINEER (Decontamination)		
Date	Comments on review	Signature

NHSScotland - Daily and Weekly Test Sheet Small Steam Sterilizer Type N Cycle Form (NS1)

Tests to be carried out in accordance with SHTM2010.

Location	Week beginning	Week
Department	Ref No.	Ser No.

AUTOMATIC CONTROL TESTS SHTM2010 recommends an empty chamber but in order to reduce testing time it is now considered acceptable that a production load of instruments can be used instead.						
	Cycle number	During sterilizing hold period		Sterilizing hold Time	Result of test	Certified fit for use by User
		Temperature	Pressure	min:sec		
Monday		°C	bar	:	PASS/FAIL	
Tuesday		°C	bar	:	PASS/FAIL	
Wednesday		°C	bar	:	PASS/FAIL	
Thursday		°C	bar	:	PASS/FAIL	
Friday		°C	bar	:	PASS/FAIL	
Saturday		°C	bar	:	PASS/FAIL	
Sunday		°C	bar	:	PASS/FAIL	
		°C	bar	:	PASS/FAIL	

RESERVOIR WATER CHANGES (where applicable). See SHTM 2031- Drain, rinse and refill with Sterilized Water for Irrigation.			
	Cycle number when water changed	Comments	Water changed by
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

WEEKLY SAFETY CHECKS		Tick if Satisfactory	Door Pressure Interlock []
Door Seal []	Door Safety Edge []	Door Closed Interlock []	
TESTED BY	Date	SATISFACTORY /UNSATISFACTORY	

FAULTS-NEW OR EXISTING-ALSO ENTER IN PLANT HISTORY RECORD

NHS Scotland-Quarterly Test Sheet Small Steam Sterilizer Type N Cycle Form (NS2)

Tests to be carried out in accordance with HTM2010.

Location	Date	Week
Department	Ref No.	Ser No.

QUARTERLY SAFETY CHECKS		Tick if satisfactory.
Door Seal []	Door Safety Edge []	Door Closed Interlock []
Chamber Safety Valve Free []		Door Pressure Interlock []
WATER QUALITY	Conductivity at start of tests μS/cm	Conductivity <35μS/cm YES/NO
Water changes recorded YES / NO	Frequency of water changes	
Comments on cleanliness of sterilizer		

AUTOMATIC CONTROL TEST	Empty chamber.	Cycle number
Calibration SATISFACTORY/UNSATISFACTORY	Sterilizing conditions met	YES/NO

VERIFICATION OF CALIBRATION OF STERILIZER INSTRUMENTS/SMALL LOAD TEST							
Verification of calibration of test instrument before tests carried out						SATISFACTORY / UNSATISFACTORY	
Start t1=0	Cycle counter		Load should be a pair of forceps.				
Sterilizing achieved	Sterilizing ends		Drying/venting ends		Cycle complete		
(t2) :	(t3) :		(t4) :		(t5) :		
Readings to be taken during the sterilizing hold period				Hold time (t3-t2) :			
	Indicated values		Recorded values		Measured values		
Time	Chamber pressure	Drain/vent Temp.	Chamber Pressure	Drain/vent Temp.	Chamber Pressure	Drain/vent Temp	Load Temp
Start(t2)	bar	°C	bar	°C	bar	°C	°C
(t2)+1 min	bar	°C	bar	°C	bar	°C	°C
(t2)+2 min	bar	°C	bar	°C	bar	°C	°C
(t2)+3 min	bar	°C	bar	°C	bar	°C	°C
Calibration of instruments within limits YES/NO				If not, then note inaccuracies below, and action.			
Outstanding inaccuracies							
If any calibration has been changed during this quarterly test, note below with initial error							
Comments							
Verification of calibration of test instrument after tests carried out						SATISFACTORY / UNSATISFACTORY	
Result of test SATISFACTORY/UNSATISFACTORY							

TEST RESULT SATISFACTORY/UNSATISFACTORY		STERILIZER IS FIT/UNFIT FOR USE	
CP(D)	DATE	USER	DATE

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NHSScotland -Yearly Test Sheet Small Steam Sterilizer Type N Cycle Form (NS3)

Tests to be carried out in accordance with SHTM2010.

Location	Date	Week
Department	Ref No.	Ser No.

YEARLY SAFETY CHECKS	Tick if Satisfactory	
Door Seal []	Door Safety Edge []	Door Closed Interlock []
Chamber Safety Valve Free []	Power fail []	Door Pressure Interlock []
WATER QUALITY	Conductivity at start of tests μS/cm	Conductivity <35μS/cm YES/NO
Water changes recorded YES / NO	Frequency of water changes where not single shot	
Comments on cleanliness of sterilizer		

AUTOMATIC CONTROL TEST	Empty chamber.	Cycle number
Calibration SATISFACTORY/UNSATISFACTORY	Sterilizing conditions met YES/NO	

VERIFICATION OF CALIBRATION OF STERILIZER INSTRUMENTS/SMALL LOAD TEST							
Start t1=0	Cycle counter		Load should be a pair of forceps.				
Sterilizing achieved	Sterilizing ends		Drying/venting ends		Cycle complete		
(t2) :	(t3) :	(t4) :	(t5) :				
Readings to be taken during the sterilizing hold period				Hold time (t3-t2) :			
	Indicated values		Recorded values		Measured values		
Time	Chamber pressure	Drain/vent Temp.	Chamber Pressure	Drain/vent Temp.	Chamber Pressure	Drain/vent Temp	Load Temp
Start(t2)	bar	°C	bar	°C	bar	°C	°C
(t2)+1 min	bar	°C	bar	°C	bar	°C	°C
(t2)+2 min	bar	°C	bar	°C	bar	°C	°C
(t2)+3 min	bar	°C	bar	°C	bar	°C	°C
Calibration of instruments within limits YES/NO				If not, then note inaccuracies below, and action.			
Outstanding inaccuracies							
If any calibration has been changed during this quarterly test, note below with initial error.							
Comments							
Result of test SATISFACTORY/UNSATISFACTORY							

FULL LOAD TEST							
Start t1=0	Cycle counter		Load should be the maximum design load.				
Sterilizing achieved	Sterilizing ends		Drying/venting ends		Cycle complete		
(t2) :	(t3) :	(t4) :	(t5) :				
Readings to be taken during the sterilizing hold period				Hold time (t3-t2) :			
	Indicated values		Recorded values		Measured values		
Time	Chamber pressure	Drain/vent Temp.	Chamber Pressure	Drain/vent Temp.	Chamber Pressure	Drain/vent Temp	Load Temp
Start(t2)	bar	°C	bar	°C	bar	°C	°C
(t2)+1 min	bar	°C	bar	°C	bar	°C	°C
(t2)+2 min	bar	°C	bar	°C	bar	°C	°C
(t2)+3 min	bar	°C	bar	°C	bar	°C	°C
Calibration of instruments within limits YES/NO				Test result SATISFACTORY/UNSATISFACTORY			

CHAMBER OVERHEAT CUT-OUT TEST		Cycle number
Time after start of cycle cut-out operates :	Chamber wall maximum temperature °C	
Result of test SATISFACTORY/UNSATISFACTORY		

TEST RESULT SATISFACTORY/UNSATISFACTORY		STERILIZER IS FIT/UNFIT FOR USE	
CP(D)	DATE	USER	DATE

NHSScotland - Plant Test History Record Sheet-Form (PTHR1)

Type of equipment		
Hospital/Location	Start date for this sheet	
Department	Ref No.	Ser No.

WEEKLY TEST RECORD														
Week number	Date of weekly test	Tester initials		Week number	Date of weekly test	Tester initials		Week number	Date of weekly test	Tester initials		Week number	Date of weekly test	Tester initials
1				14				27				40		
2				15				28				41		
3				16				29				42		
4				17				30				43		
5				18				31				44		
6				19				32				45		
7				20				33				46		
8				21				34				47		
9				22				35				48		
10				23				36				49		
11				24				37				50		
12				25				38				51		
13				26				39				52		

QUARTERLY TEST RECORD														
Week number	Quarterly test date	Tester initials		Week number	Quarterly test date	Tester initials		Week number	Quarterly test date	Tester initials		Week number	Quarterly test date	Tester initials

YEARLY TEST RECORD														
Week number.	Yearly test date	Tester initials		Week number	Yearly test date	Tester initials								

