

Porous Load Sterilizer Logbook

Revised to be in compliance with SHTM 01-01:
2018

Hospital / Location _____

Department _____

Reference Number _____

Serial Number _____

Start Date for Logbook _____

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NHSScotland Porous Load Sterilizer Logbook Form (PLOG)

In accordance with SHTM 01-01: 2018 Part C (section 3 tables 2 & 4 and section 5.3)

STERILIZER DETAILS	Ref. No	Ser. No
Hospital/Location	Start Date	End Date
Department		

CONTENTS		
This Logbook includes the following records and forms:-		
Name of Record	Code	Purpose
Plant Test History Record	PTHR1	A record of all routine testing for a year
Plant History Record	PHR1	A record of faults/maintenance
Production Log Sheet	PLS0	A record of all production cycles (a paper form is included for use during a failure of any electronic record)
Daily Test Sheet	PLS1	Daily test sheet tests
Weekly Test Sheet	PLS2	CP(D)s weekly test sheet
Quarterly Test Sheet	PLS3	CP(D)s quarterly test sheet
Yearly Test Sheet	PLS4	CP(D)s yearly test sheet

PERSONNEL	Contact details	Mobile No.
Management		
User		
Operator(s)		
Competent Person (Pressure Systems)		
Competent Person (Decontamination)		
Authorised Person (Decontamination)		
Authorising Engineer (Decontamination)		
Infection Control Manager/Decon Lead		
Infection Control Doctor/Microbiologist (Decontamination)		
Note: All staff should have documented evidence of appropriate qualifications/ training/ registration.		

Pressure Systems Safety Regulations 2000 and Pressure Equipment (Safety) Regulations 2016	
To be completed by the Competent Person (Pressure Systems)	
Schedule of specified Tests and checks carried out available and completed.	
Date	Inspected by
Evidence of CP(PS) qualification and /or training included	
Result of examination / comments	

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

NHSScotland – Production Log Sheet-Porous Load Sterilizer Form (PLS0)

Revised in compliance with SHTM 01-01: 2018.

Location	Start date:	
Department		
Sterilizer	Ref No.	Ser No.

Date	Cycle number	Batch number	Cycle selected	Description of load	Cycle pass	Cycle record (printout ,charts etc) checked OK	Comments and operator initials	Action carried out if failed cycle
					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		
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					Yes/No	Yes/No		
					Yes/No	Yes/No		
					Yes/No	Yes/No		

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NHSScotland – Daily Test Sheet- Log Sheet-Porous Load Sterilizer Form (PLS1)

Revised in compliance with SHTM 01-01: 2018 Part C section 3 table 4 and paragraph 3.138.

Department	Ref No.	Ser No.

Note: SHTM 01-01 requires this test to be carried out weekly								Pack type		Indicator sheet type			
All visual inspections and safety checks are complete Yes/NO													
	Cycle number	Pressure when pump stopped	Pressure below 70mbar	Pressure after 5 minutes P1	Pressure after further 10 minutes P2	Leak rate per minute (P2-P1)/10	Leak rate <1.3 mbar/min	Cycle number	Drain temp. sterilizing	Chamber pressure sterilizing	Indicator sheet result	Tested by (initials)	Certified fit for use by User
Monday		mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		
Tuesday		mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		
Wednesday		mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		
Thursday		mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		
Friday		mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		
Saturday		mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		
Sunday		mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		
	day	mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		
	day	mbar	Yes/No	mbar	mbar	mbar	Yes/No		°C	bar	Pass/Fail		

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

NHSScotland – Weekly Test Sheet-Porous Load Sterilizer Form (PLS2)

In accordance with SHTM 01-01: 2018 Part C (section 3 table 4 and paragraph 3.142)

Hospital/Location	Date	Week
Department	Ref No.	Ser No.

SAFETY CHECKS	Tick if Satisfactory	Door Pressure Interlock []
Door Seal []	Door Safety Edge []	Door Closed Interlock []

VACUUM LEAK RATE TEST-EMPTY CHAMBER		Cycle number
Pressure when pump stopped after	min sec	millibar
Pressure below 70 millibar		YES/NO
Pressure after 5 minutes	P1	millibar
Pressure after further 10 minutes	P2	millibar
Leak rate per minute (P2-P1)/10		millibar
Leak rate <1.3 millibar/min	YES/NO	PASS / FAIL

AUTOMATIC CONTROL / BOWIE DICK TEST				Pack / Indicator Type							
Start cycle t1=0	Cycle number			Evacuation to			mbar in min seconds				
Pulse number	1	2	3	4	5	6	7	8	9	10	
Time at peak	:	:	:	:	:	:	:	:	:	:	
Max ind. temp °C											
Max press. bar											
Min press. bar											
				Drain temperature			Chamber pressure				
Final evacuation at	(t2)	min	sec	Indicated	Recorded	Indicated	Recorded	Indicated	Recorded		
Sterilizing temp at	(t3)	min	sec	°C	°C	bar	bar	bar	bar		
Instrument readings	(t3+1)	min	sec	°C	°C	bar	bar	bar	bar		
Instrument readings	(t3+2)	min	sec	°C	°C	bar	bar	bar	bar		
Instrument readings	(t3+3)	min	sec	°C	°C	bar	bar	bar	bar		
Drying stage starts at	(t4)	min	sec	Jacket pressure during sterilizing			bar				
40mbar reached at	(t5)	min	sec	Minimum pressure			mbar				
Air replacement starts	(t6)	min	sec	Maximum chart temperature			°C				
Process complete at	(t7)	min	sec	Indicator sheet result			PASS / FAIL				
				Final evacuation to sterilizing (t3-t2)			min	sec	Air removal time (t2-t1)		min sec
				Time at sterilizing (t4-t3)			min	sec	Sterilizing stage time (t4-t2)		min sec
				Time to reach 40mbar (t5-t4)			min	sec	Drying stage time (t6-t4)		min sec
				Air replacement time (t7-t6)			min	sec	Total cycle time (t7-t1)		min sec

AIR DETECTOR FUNCTION TEST		Pack Type	Sheets / Towels
Leak rate setting to reject cycle	millibar/min (from Yearly test results)		
Cycle number	Air detector setting	Air detector reached	
Result of test	REJECT / ACCEPT	SATISFACTORY / UNSATISFACTORY	

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

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

NHSScotland – Quarterly Test Sheet-Porous Load Sterilizer Form PLS3

In accordance with SHTM 01-01: 2018 Part C (section 3 table 4 and paragraph 3.142).

To be filled in along with Weekly Test Sheet PLS2 to complete a Quarterly Test.

Hospital/Location	Date	Week
Department	Ref No.	Ser No.

VACUUM LEAK RATE TEST- EMPTY CHAMBER		Cycle number	
Test carried out after connection of temperature and pressure sensors			
Pressure when pump stopped after	min	sec	millibar
Pressure below 70 millibar			YES/NO
Pressure after 5 minutes	P1		millibar
Pressure after further 10 minutes	P2		millibar
Leak rate per minute (P2-P1)/10			millibar
Leak rate <1.3 millibar/min	YES/NO		PASS / FAIL

VERIFICATION OF CALIBRATION OF STERILIZER INSTRUMENTS/SMALL LOAD TEST							
Verification of calibration of test instrument before tests carried out				SATISFACTORY / UNSATISFACTORY			
Readings to be taken during the sterilizing hold period				Cycle number			
	Indicated values		Recorded values		Measured values		
Time	Chamber pressure	Drain Temp.	Chamber Pressure	Drain Temp.	Chamber Pressure	Drain Temp	Load Temp
Start	bar	°C	bar	°C	bar	°C	°C
+1 minute	bar	°C	bar	°C	bar	°C	°C
+2 minutes	bar	°C	bar	°C	bar	°C	°C
+3 minutes	bar	°C	bar	°C	bar	°C	°C
Maximum temp above pack °C				Max. temp above pack after 1 minute °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							
Equilibration time less than 15 seconds YES/NO				Drying vacuum below 40 millibar YES/NO			
Drying stage more than 3 minutes YES/NO				Sheets/Towels sensibly dry after cycle YES/NO			
Verification of calibration of test instrument after tests carried out				SATISFACTORY / UNSATISFACTORY			
Result of test SATISFACTORY/UNSATISFACTORY							

VACUUM LEAK RATE TEST- EMPTY CHAMBER		Cycle number	
Test carried out after removal of temperature and pressure sensors			
Pressure when pump stopped after	min	sec	millibar
Pressure below 70 millibar			YES/NO
Pressure after 5 minutes	P1		millibar
Pressure after further 10 minutes	P2		millibar
Leak rate per minute (P2-P1)/10			millibar
Leak rate <1.3 millibar/min	YES/NO		PASS / FAIL

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

NHSScotland – Yearly Test Sheet-Porous Load Sterilizer Form PLS4

To be filled in along with Weekly and Quarterly Test Sheets PLS2 and PLS3 to complete a Yearly Test. Tests to be carried out in accordance with SHTM01-01:2018 Part C section 3 table 4 and paragraph 3.144.

Hospital / Location	Date	Week
Department	Ref No.	Ser No.

YEARLY SAFETY CHECKS	Tick if Satisfactory	Additional to weekly checks.
Drop below 134°C during sterilizing should cause cycle fail	[]	
Chamber safety valve free YES / NO	Jacket safety valve free YES / NO	Power failure []
Steam pressure low []	Water pressure low []	Air pressure low []

AIR DETECTOR PERFORMANCE TEST SMALL LOAD	Pack Type Sheets / Towels
Leak rate setting up to max of 10 millibar/min to give 2°C depression	millibar/min
Cycle number	Air detector disabled. Air detector reached
Cycle number	Air detector enabled/set at Air detector reached
Result of cycle REJECT / ACCEPT	Result of test SATISFACTORY / UNSATISFACTORY

AIR DETECTOR PERFORMANCE TEST FULL LOAD	Pack Type Sheets / Towels
Leak rate setting to give less than 2°C depression and reject cycle	millibar/min
Cycle number	Air detector disabled. Air detector reached
Cycle number	Air detector enabled/set at Air detector reached
Result of cycle REJECT / ACCEPT	Result of test SATISFACTORY / UNSATISFACTORY

THERMOMETRIC SMALL LOAD TEST	Cycle number	SHTM01-01:2018 Part C Para 3.98 met YES/ NO
Comments		

THERMOMETRIC FULL LOAD TEST	Cycle number	SHTM01-01:2018 Part C Para 3.99 met YES/ NO
Comments		

PERFORMANCE REQUALIFICATION TESTS AS REQUIRED BY USER	
Load Details	
Thermocouple locations	
Cycle number	Sterilizing conditions met YES/NO
Dryness of load SATISFACTORY/UNSATISFACTORY	Comments

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

COMMENTS

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

NHSScotland - Plant History Record Sheet-Form (PHR1)

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

FAULTS RECORD					MAINTENANCE RECORD			
Fault number	Date	Cycle number	Details of fault	Noted and reported by	Date	Fault number	Maintenance Record-include PPM as well as fault finding details.	Carried out by

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			