

Ultrasonic Cleaner 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 Ultrasonic Cleaner Logbook Form (USLOG)

In accordance with SHTM 01-01: 2018 Part D section 5 table 8.

Ultrasonic cleaner details		
Start date:	End date:	
Hospital /Location:	Manufacturer:	
Department:	Ref. No:	Ser. No:

Contents		
Name of record form	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
Daily/ Weekly Test Sheet	US1	Covers daily/weekly tests for a week
Quarterly Test Sheet	US2	CP(D) quarterly test sheet
Annual Test Sheet	US3	CP(D) annual test sheet

Personnel	Contact details	Mobile No.
Management		
User		
Operator(s)		
Authorising Engineer (Decontamination)		
Authorised Person(Decontamination)		
Competent Person(s) (Decontamination)		
Infection Control Manager/Decon Lead		
Microbiologist(Decontamination)/ Infection Control Doctor		

Note: All staff should have documented evidence of appropriate qualifications/ training/ registration.

Review by Authorising Engineer (Decontamination)		
Date	Comments on review	Signature

NHSScotland Ultrasonic Cleaner Daily and Weekly Logbook Form (US1)

In accordance with SHTM 01-01: 2018 Part D section 5 table 8

Start date:	End date:	
Hospital /Location:	Manufacturer:	
Department:	Ref. No:	Ser. No:

Housekeeping Checks	
All housekeeping tests are complete?	Yes/No
Remove and clean strainers or filters	Yes/No
Safety Checks	
All visual inspections and safety checks are complete?	Yes/No

ACT - Daily Checks		Timer Setting			Daily Checks Completed Yes/No	Satisfactory Cleaning	Fit for use signed by User
Volume of detergent	Water Changed & degassed by (initials)	mins:	secs:	Indicated Temperature			
Monday (am)	ml		:	°C		Pass / Fail	
Monday (pm)	ml		:	°C		Pass / Fail	
Tuesday (am)	ml		:	°C		Pass / Fail	
Tuesday (pm)	ml		:	°C		Pass / Fail	
Wednesday(am)	ml		:	°C		Pass / Fail	
Wednesday (pm)	ml		:	°C		Pass / Fail	
Thursday (am)	ml		:	°C		Pass / Fail	
Thursday (pm)	ml		:	°C		Pass / Fail	
Friday (am)	ml		:	°C		Pass / Fail	
Friday (pm)	ml		:	°C		Pass / Fail	
	ml		:	°C		Pass / Fail	
	ml		:	°C		Pass / Fail	

Detergent details	
Detergent manufacturer	
Detergent name	
Detergent type	
Batch number/ Expiry date	

Weekly Checks	
Condition of Bath & Lid	Pass / Fail
Cleaning Efficacy Test Result (native residual soil detection)	Pass / Fail
Condition of Load holder / Basket	Pass / Fail

Faults-new or existing (also enter in plant history record)

NHSScotland – Ultrasonic Cleaner US2 - Quarterly Test Sheet

Tests to be carried out in accordance with SHTM 01-01:2018 Part D table 8. To be filled in along with Daily and Weekly Test Sheet (US1) to complete a Quarterly Test.

Hospital/ Location:	Date:	Week:
Department	Serial Number	

Automatic Control Test					
Time Checks			Temperature Checks		
Set Time	Indicated Time	Measured Time	Variance Set / Indicated	Variance Set / Measured	Pass / Fail
:	:	:	:	:	

Set Temp	Indicated Temp	Measured Temp	Variance Set / Indicated	Variance Set / Measured	Pass / Fail
°C	°C	°C	°C	°C	

Foil Test	Strip 1	Strip 2	Strip 3	Strip 4	Strip 5	Strip 6	Strip 7	Strip 8	Strip 9
% Erosion									
Comments									

Frequency / Power Meter readings	Position 1	Position 2	Position 3	Position 4	Position 5	Position 6	Position 7	Position 8	Position 9
Probe insertion depth									
Frequency (Hz)									
Power (%)									

Chemical Reproducibility		
Chemical Additive Dosing Test: -Reproducibility	ml	ml
Chemical Additive Dosing Test: -Low Level	Pass / Fail	

Cleaning Efficacy Test by test soil detection	
Type & Batch number of test soil	
Soil detection method & Batch number	
Test Result	Pass / Fail

Foil Strip / Meter Position		
1	4	7
2	5	8
3	6	9

Test Result	Satisfactory / Unsatisfactory	Ultrasonic cleaner is fit for use	Yes/No
Competent Person (Decontamination):	DATE:	User :	DATE:

NHSScotland Ultrasonic Cleaner Logbook Form (US3) Annual Test Sheet

The Daily and Weekly test sheet (US1) and the quarterly test sheet (US2) is required to complete a yearly test. Tests to be carried out in accordance with SHTM 01-01: 2018 Part D section 5 table 8.

Department:	Ref. No:	Ser. No:
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Water System: - Volume Used For Normal Use	litres
Water System: -Supply Temperature (where heated)	°C
Water System : Overflow test	Yes/No
Free Draining Test	Pass / Fail
Door interlock: - Cycle Start	Pass / Fail
Door interlock: - In Cycle	Pass / Fail
Fault interlock	Pass / Fail
Chemical Additive Dosing Test: -Reproducibility	ml ml ml
Chemical Additive Dosing Test: -Low Level	Pass / Fail
Over Temperature Cut Out Test	Pass / Fail

% Erosion									
Comments									

Frequency /	Position 1	Position 2	Position 3	Position 4	Position 5	Position 6	Position 7	Position 8	
Insertion depth									
Frequency (Hz)									
Power (%)									

Automatic Control Test						
Time Checks						
Set Time	Indicated Time	Measured Time	Variance Set / Indicated	Variance Set / Measured	Pass / Fail	
:	:	:	:	:		
Temperature Checks						
Set Temp	Indicated Temp	Measured Temp	Chamber wall Temp	Variance Set / Indicated	Variance Set / Measured	Pass / Fail
°C	°C	°C	°C	°C	°C	

Cleaning Efficacy Test by test soil detection	
Type & Batch number of test soil	
Soil detection method & Batch number	
Test Result	Pass / Fail

Test Result	Satisfactory/Unsatisfactory	Ultrasonic cleaner fit for use	Yes/No
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			