

**Document Title:** Ultrasonic Cleaner Logbook  
Scottish Health Technical  
Memorandum (SHTM) 01-05

**Document Ref:** FAC414-092

**Version:** V2

Logbook details

|                     |  |
|---------------------|--|
| Hospital/ Location: |  |
| Department:         |  |
| Make:               |  |
| Model:              |  |
| Serial Number:      |  |
| Reference Number:   |  |
| Logbook Start Date: |  |
| Logbook End Date:   |  |

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## Ultrasonic Cleaner Details

This logbook should only cover one year from the start date. Afterwards, it is to be retained for records and replaced with a new logbook.

## Forms and Definitions

Table 1 - List of forms included in or associated with this logbook, their definitions, and reference number

| Name of form              | Form description  | Form reference number |
|---------------------------|---|-----------------------|
| Plant Test History Record | A record of all routine testing for a year                    | FAC414-092            |
| Plant History Record      | A record of faults/ maintenance                               | FAC414-092            |
| Daily/ Weekly Test Sheet  | Daily/ Weekly test sheet covering one week's tests            | FAC414-092.01         |
| Quarterly Test Sheet      | Competent Person Decontamination (CP(D)) Quarterly test sheet | FAC414-092.02         |
| Annual Test Sheet         | CP(D) Annual test sheet                                       | FAC414-092.03         |

Note 1: Tests to be carried out in accordance with SHTM 01-05 Part B.

## Personnel

Table 2 - Personnel details

| Role  | Name/ Organisation | Tel No. |
|---|--------------------|---------|
| Management  |                    |         |
| User  |                    |         |
| Designated Person/ Decontamination Lead                       |                    |         |
| Operator(s)   |                    |         |
| Authorising Engineer (Decontamination)                        |                    |         |
| Authorised Person (Decontamination)                           |                    |         |
| Competent Person(s) (Decontamination)                         |                    |         |
| Competent Person(s) (Decontamination)                         |                    |         |
| Competent Person (Pressure Systems)                           |                    |         |
| Infection Control Doctor/ Microbiologist<br>(Decontamination) |                    |         |

Note 2: The personnel named should have appropriate qualifications/ training/ registration as required for the role.

## Authorising Engineer (Decontamination) Review

Table 3 - Review details

| Date | Comment on review | Signature |
|------|-------------------|-----------|
|      |                   |           |
|      |                   |           |
|      |                   |           |
|      |                   |           |
|      |                   |           |
|      |                   |           |
|      |                   |           |
|      |                   |           |
|      |                   |           |



## Plant Test History Record

### Daily/ Weekly Test Record

Table 4 - Record of daily/ weekly tests

| Week no. | Date of weekly test | Tester initials | Week no. | Date of weekly test | Tester initials | Week no. | Date of weekly test | Tester initials | Week no. | 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

Table 5 - Record of quarterly tests

| Week no. | Quarterly test date | Tester initials |  | Week no. | Quarterly test date | Tester initials |  | Week no. | Quarterly test date | Tester initials |
|----------|---------------------|-----------------|--|----------|---------------------|-----------------|--|----------|---------------------|-----------------|
|          |                     |                 |  |          |                     |                 |  |          |                     |                 |

# Annual Test Record

Table 6 - Record of annual test

| Week no. | Annual test date | Tester initials |  | Week no. | Annual test date | Tester initials |  | Week no. | Annual test date | Tester initials |
|----------|------------------|-----------------|--|----------|------------------|-----------------|--|----------|------------------|-----------------|
|          |                  |                 |  |          |                  |                 |  |          |                  |                 |



# Plant History Record

Table 7 - Table to document any fault history and maintenance history associated with the machine (print extra sheets as required)

| Date | Cycle no. | Fault no. | Details of fault (if applicable) | Fault reported by (if applicable) | Maintenance record (details of fault repair, Planned Preventative Maintenance (PPM), periodic test) | Date (fault repair) | Carried out by |
|------|-----------|-----------|----------------------------------|-----------------------------------|---|---------------------|----------------|
|      |           |           |                                  |                                   |   |                     |                |
|      |           |           |                                  |                                   |   |                     |                |
|      |           |           |                                  |                                   |   |                     |                |
|      |           |           |                                  |                                   |   |                     |                |
|      |           |           |                                  |                                   |   |                     |                |
|      |           |           |                                  |                                   |   |                     |                |
|      |           |           |                                  |                                   |   |                     |                |
|      |           |           |                                  |                                   |   |                     |                |
|      |           |           |                                  |                                   |   |                     |                |