



Environmental Services

Unit 11 - 191 Booth Road, North Bay, ON P1A 4K3
Phone (705) 497 0550 Fax (705) 497 0549
Email nnlabs@vianet.ca Web www.nearnorthlabs.ca

CHAIN-OF-CUSTODY STERILIZER MONITORING PROGRAM SUBMISSION FORM

CONTACT NAME: PHONE:

(Please Print)

BUSINESS NAME: FAX:

ADDRESS:

HOURS OF OPERATION:

RESULTS TO: Above [] After Hours Phone: Alternative Name: Phone:

STERILIZER DESCRIPTION: CIRCLE TYPE: WET / DRY

ANALYSIS REQUESTED: Culture Test

MATRIX: Spore Test Strip

Table with 8 columns: Sterilized Test Strips, Spore Strip Location, Length of Cycle in Minutes, Date Sterilized, Time Sterilized, am, pm, Load #. Rows include First Strip and Second Strip.

In accordance with Good Laboratory Practice, adverses will be reported to you and to your local Public Health Unit immediately.

STERILIZED BY:

RELINQUISHED / AUTHORIZED BY:

NAME (signature):

NAME (signature):

NAME (print):

NAME (print):

DATE AND TIME:

FOR LAB USE ONLY:

RECEIVED AT LABORATORY BY: _____

DATE AND TIME: _____

METHOD OF SHIPMENT: Bus Courier Mail Air Hand Delivery Other _____

CHECK IF RECEIVED IN GOOD ORDER

IF NOT, CLIENT NOTIFIED? Y / N

NUMBER OF STRIPS RECEIVED: _____

INVOICE NUMBER: _____

COMMENTS: