OpsAuditHub opsaudithub.com	DOC ID: **SAF-0151**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **CDC Guidelines for Infection Control in Dental Health-Care Settings & OSHA 29 CFR 1910.1030**	AUDIT FREQUENCY: **Daily Pre-Shift & Per-Cycle Audit**

Dental Clinic Sterilization Log Daily Log Sheet

Operational Scope: Mandates the systematic verification and documentation of dental instrument sterilization cycles to ensure complete pathogen elimination. Mitigates the risk of cross-contamination and biohazard exposure in full compliance with healthcare infection control standards.

MANDATORY PPE:	Nitrile Utility Gloves (ASTM D6319), Fluid-Resistant Surgical Mask with Eye Shield (ASTM F2100), Disposable Isolation Gown, Heavy-Duty Heat-Resistant Gloves (for hot loads)
PREREQUISITES:	Verify autoclave chamber and water reservoirs are clean and filled with distilled water. | Ensure chemical and biological indicators are within their expiration dates and stored correctly.

PRE-CYCLE PREPARATION & INSTRUMENT PACKAGING

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Ultrasonic Cleaner / Washer-Disinfector**	Solution is freshly prepared, enzymes are measured correctly, and an operational efficiency foil test confirms cavitation.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
2	**Instrument Packaging & Sealing**	Instruments are clean, completely dry, packaged in appropriate medical-grade pouches, and integrity of heat seal is verified without burn-through.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**
3	**Internal & External Chemical Indicators**	Process indicators (Class 4 or 5) are placed inside every pack and visible on the outside of each wrapped cassette or pouch.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

AUTOCLAVE CYCLE OPERATION & PARAMETER VERIFICATION

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
4	**Bowie-Dick Test (Pre-Vacuum Sterilizers)**	Daily air-removal test completed in an empty chamber; color change is uniform, indicating complete air elimination and steam penetration.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
5	**Cycle Temperature & Pressure Parameters**	Digital readouts match required operational parameters (e.g., 270°F/132°C at 30 psi for prevacuum) throughout the active exposure phase.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
6	**Exposure Time Documentation**	Recorded holding time meets or exceeds manufacturer and regulatory guidelines for the specific load type.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
7	**Mechanical Printout / Digital Log**	Cycle completion tape or digital file is generated, reviewed for pass status, and attached/saved to the daily log sheet.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

POST-CYCLE INSPECTION, BIOLOGICAL TESTING & STORAGE

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
8	**Chemical Indicator Color Verification**	External and internal indicators have transitioned to the reference color specified by the manufacturer upon cycle completion.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
9	**Load Integrity & Dryness Check**	Packs and cassettes are completely dry, intact, without water droplets, tearing, or compromised packaging seals.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
10	**Routine Biological Indicator (Spore Test)**	Weekly (and implant-load) Bacillus atrophaeus or Geobacillus stearothermophilus spore vial test incubated and negative for growth.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

Certified Dental Assistant / Sterilization Technician Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Clinical Director / Infection Control Coordinator Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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