| OpsAuditHub<br>opsaudithub.com | DOC ID: **SAF-0150** | 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-Operation & Per-Cycle Log** |

# Dental Clinic Sterilization Log Sop Template

**Operational Scope:** Establishes a mandatory standardized protocol for operating, monitoring, and logging dental instrument sterilization cycles to eliminate healthcare-associated infections. Mitigates biological hazards and ensures full regulatory traceability for all autoclaving procedures.

| | |
|---|---|
| **MANDATORY PPE:** | Heavy-duty Utility Gloves (ANSI/ISEA), Fluid-Resistant Surgical Mask with Visor or Face Shield, Disposable Nitrile Examination Gloves, Fluid-Resistant Isolation Gown or Lab Coat, Closed-Toe Fluid-Resistant Footwear |
| **PREREQUISITES:** | Verify autoclave chamber is clean, dry, and free of debris from prior cycles \| Confirm completion of mandatory biological indicator (BI) testing schedule per clinic policy |

## PRE-CYCLE PREPARATION & PACKAGING VERIFICATION

| # | COMPONENT / ITEM | VERIFICATION CRITERIA & ACCEPTANCE STANDARD | SEVERITY | STATUS |
|---|---|---|---|---|
| 1 | **Instrument Decontamination & Ultrasonic Cleaning** | Instruments must be free of all visible bioburden, blood, and tissue following ultrasonic processing and manual rinsing prior to packaging. | **Critical (Immediate Out of Service)** | **[ ] PASS [ ] FAIL [ ] N/A** |
| 2 | **Sterilization Pouch Integrity & Sealing** | Pouches must be undamaged, properly sealed with continuous heat seal without gaps, and loaded without overloading the chamber. | **Warning** | **[ ] PASS [ ] FAIL [ ] N/A** |
| 3 | **Internal & External Chemical Indicators (CIs)** | Class 4 or 5 chemical indicators must be placed inside every package and visible externally to verify sterilizing agent penetration. | **Critical (Immediate Out of Service)** | **[ ] PASS [ ] FAIL [ ] N/A** |

## CYCLE OPERATION & PARAMETER MONITORING

| # | COMPONENT / ITEM | VERIFICATION CRITERIA & ACCEPTANCE STANDARD | SEVERITY | STATUS |
|---|---|---|---|---|
| 4 | **Autoclave Chamber Loading & Configuration** | Packs must be placed on edge or in wire racks to allow steam circulation; cassettes must not block chamber drain. | **Standard** | **[ ] PASS [ ] FAIL [ ] N/A** |
| 5 | **Cycle Parameters Verification (Temperature, Pressure, Time)** | Digital display or printout must confirm parameter benchmarks (e.g., 121°C at 15 psi for 30 mins, or 134°C at 30 psi for 4 mins). | **Critical (Immediate Out of Service)** | **[ ] PASS [ ] FAIL [ ] N/A** |
| 6 | **Bowie-Dick Test (Pre-Vacuum Sterilizers)** | Daily residual air removal test must show uniform color change indicating no air pockets or steam penetration failures. | **Critical (Immediate Out of Service)** | **[ ] PASS [ ] FAIL [ ] N/A** |

## POST-CYCLE INSPECTION, DOCUMENTATION & STORAGE

| # | COMPONENT / ITEM | VERIFICATION CRITERIA & ACCEPTANCE STANDARD | SEVERITY | STATUS |
|---|---|---|---|---|
| 7 | **Dryness & Package Integrity Check Post-Cycle** | Packs must emerge completely dry; damp, torn, or dropped packages are classified as unsterile and must be completely reprocessed. | **Critical (Immediate Out of Service)** | **[ ] PASS [ ] FAIL [ ] N/A** |
| 8 | **External Chemical Indicator Color Transition** | Process indicator arrows/inks must fully transition to the target reference color, confirming exposure to thermal sterilization parameters. | **Critical (Immediate Out of Service)** | **[ ] PASS [ ] FAIL [ ] N/A** |
| 9 | **Logbook Documentation & Traceability Sign-Off** | Operator must log cycle number, date, temperature, pressure, exposure time, biological/chemical indicator results, and patient load batch tags. | **Warning** | **[ ] PASS [ ] FAIL [ ] N/A** |

| | | |
|---|---|---|
| **Sterilization Technician / Dental Assistant Signature:** _____ | **Date / Time:** _____ | **Badge / Cert #:** _____ |
| **Clinical Director / Compliance Officer (OpsAuditHub) Sign-off:** _____ | **Review Date:** _____ | **Audit Status:** [ ] Approved [ ] Rectify |

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