

Medical Device Sterilization Maintenance Sheet

Device Name

Model/Serial No.

Department/Location

Date of Sterilization

Sterilization Method

Operator Name

Device Condition & Maintenance

Pre-sterilization Inspection

Post-sterilization Inspection

Was device cleaned before sterilization?

Were indicators used?

Indicator Result

Comments/Observations

Maintenance Record

Date	Description	Technician	Remarks

Supervisor Signature

Date