Dental Office Sterilization Checklist

Cleaning

DATE	CYCLE / LOAD NUMBER	PROCESSED BY	AUTOCLAVE ID
____ / ____ / _____			

PRE-CLEANING

- [ ] Instruments rinsed of gross debris
- [ ] Sharps handled safely
- [ ] Ultrasonic cycle completed
- [ ] Instruments rinsed after ultrasonic
- [ ] Instruments visually clean (no debris)
- [ ] Handpieces lubricated

PACKAGING & LOADING

- [ ] Instruments in pouches or cassettes
- [ ] Pouches sealed correctly
- [ ] Chemical indicator in each pouch
- [ ] Pouches not overcrowded in autoclave
- [ ] Pouches paper-side up
- [ ] Biological indicator included in load

AUTOCLAVE CYCLE

- [ ] Correct cycle selected

Temperature reached _____ °C 134°C

Holding time _____ min

Pressure reached _____ bar

- [ ] Cycle completed without error
- [ ] Printout attached to this record

POST-CYCLE VERIFICATION

- [ ] Pouches dry after cycle
- [ ] Chemical indicators changed colour
- [ ] No wet packs (re-process if wet)
- [ ] Biological indicator incubated

BIOLOGICAL INDICATOR RESULT

BI result [ ] Pass (negative) [ ] Fail (positive) — RECALL LOAD

STORAGE

- [ ] Instruments stored in clean, dry area
- [ ] Date label on pouches
- [ ] Older stock rotated to front
- [ ] Pouch integrity checked before use

SIGN-OFF

Processed by _____

Verified by _____

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