Cold Chemical Sterilization Solution Log Sheet

Name of Solution _____

Date Solution was changed	Date Solution Test Strip(according to manufacturer's directions)	Test results (+) Pass/ (-) Fail Circle one	Test By: Initials
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	
		+ / -	