Vessel:

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| **Date** | **Time** | | | **Temperature**  (indicate C or F) | **Pressure** | **Temperature sensitive indicator**  Colour Change Observed (Y/N) | **Operator** (initials) | **Comments** |
| Start | End | Cycle length |
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*add more pages as needed and number them accordingly*

**Medical Staff:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_