Sterile Cleaning Checklist

Month: 20

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Water Changed** | **U/S Test** | **Comments** | **Sign** |
| 1st |  |  |  |  |
| 2nd |  |  |  |  |
| 3rd |  |  |  |  |
| 4th |  |  |  |  |
| 5th |  |  |  |  |
| 6th |  |  |  |  |
| 7th |  |  |  |  |
| 8th |  |  |  |  |
| 9th |  |  |  |  |
| 10th |  |  |  |  |
| 11th |  |  |  |  |
| 12th |  |  |  |  |
| 13th |  |  |  |  |
| 14th |  |  |  |  |
| 15th |  |  |  |  |
| 16th |  |  |  |  |
| 17th |  |  |  |  |
| 18th |  |  |  |  |
| 19th |  |  |  |  |
| 20th |  |  |  |  |
| 21st |  |  |  |  |
| 22nd |  |  |  |  |
| 23rd |  |  |  |  |
| 24th |  |  |  |  |
| 25th |  |  |  |  |
| 26th |  |  |  |  |
| 27th |  |  |  |  |
| 28th |  |  |  |  |
| 29th |  |  |  |  |
| 30th |  |  |  |  |
| 31st |  |  |  |  |