



**BCP CENSSIS: C5: Sterilization Form**

Sterilization Method:  Autoclave:

BIST: Rapid Test/Lab Test:  Cycle No:

No.	Category	Serial No. / Pack Code	Pack Name	Qty (for Soft Goods only)	Reject Reason (If necessary)
	<input type="checkbox"/> Set/Supplementary/Linen <input type="checkbox"/> Soft Goods				
	<input type="checkbox"/> Set/Supplementary/Linen <input type="checkbox"/> Soft Goods				
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	<input type="checkbox"/> Set/Supplementary/Linen <input type="checkbox"/> Soft Goods				
	<input type="checkbox"/> Set/Supplementary/Linen <input type="checkbox"/> Soft Goods				

Load by:

Load on (Date & Time):

Unload by:

Unload on (Date & Time):

Acknowledged Sterile Store by:

Acknowledged Sterile Store on (Date & Time):

For BCP Committee use only:

Request Number: