BCP CENSSIS: C10: Washing Form

Location: CSSU 1/ CSSU 2

No.	Washer Type (Tick one only)	Washer Name	Cycle No.	No. of Tray	Washed by	Washed on (Date & Time)
	☐ Disinfector ☐ Ultrasonic					
	☐ Disinfector ☐ Ultrasonic					
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	☐ Disinfector ☐ Ultrasonic					

Verified by:

Verified on (Date & Time):