

Date:		Serial #		Cycle Count	
Cycle Type: ☐ Wrapped ☐ Unwrapped		Start Time:		Complete Time:	
Max Temp:	Max Pressure:		Patient:		
Chemical Integrator: ☐ Pass ☐ Fail		Biological Integrator: ☐ Pass ☐ Fail		Operator	
Comments					

866-531-0782

 Place Removable
LabelEX Label Here

 Place Removable
Biological Indicator
Label Here

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