

Sterilization Equipment Validation Checklist

Document Control & Planning

Ensuring proper documentation and planning is in place for the validation process.

Validation Protocol Number	
Enter a number	
Protocol Creation Date	
Enter date	
Protocol Review Date	
Enter date	
Document Status (Draft/Approved/Revoked)	
☐ Draft	
Approved	
Revoked	

Write something	
Approved Protocol Document (PDF) L Upload File	
Validation Phase (Planning/Execution/Reporting) Planning Execution Reporting	
Deviation Handling Procedure Reference Write something	
Protocol Approver Signature	

Equipment Identification & Description

Clearly identifying the sterilization equipment being validated and documenting its key characteristics.

Equipment Name
Write something
Manufacturer
Write something
Model Number
Write something
Serial Number
Enter a number
Detailed Equipment Description (including configuration)
Write something
Capacity (e.g., number of trays)
Enter a number
Cycle Type(s) Validated (e.g., Gravity, Steam Flush, Vacuum)
Gravity Steam Flush
Vacuum
Other (Specify in Long Text)

♣ Upload File	
Any known modifications to the standard equipment configuration	
Write something	
Personnel & Training	
Verification of personnel involved in the validation process are appropriately traine qualified.	ed and
Number of Personnel Involved in Validation	
Enter a number	
Validation Personnel Roles	
☐ Validation Lead	
Equipment Operator	
Equipment Operator Quality Assurance	

Date of Personn Enter date				
Attach Training	Certificates/Reco	rds		
♣ Upload File				
Competency As	sessment Perforn	ned?		
Yes				
No				
Oetails of Comp Write something	etency Assessme	nt (if applicab	le)).
Signature of Val	dation Personnel	(Confirmation	n of Training and Co	mpetency)
alidation F	Protocol De	evelopm	ent	
view and approva	l of the validation ו	orotocol includi	ng acceptance criteri	a.

Write something...

Reference Documents (e.g., SOPs, Manufacturer's Instructions)		
Write something		
Number of Validation Runs		
Enter a number		
Validation Method (e.g., Release, Non-release) Release Non-Release		
Types of Indicators Used (e.g., Biological, Chemical) Biological Indicators Chemical Indicators Class 1 Chemical Indicators Class 1 Rapid Readout Indicators Class 2 Chemical Indicators		
Date Protocol Prepared Enter date		
Acceptance Criteria – Sterility Assurance Level (SAL) 10^-6 10^-3 Other (Specify)		

Write something		
Prepared By		
re-Validatio	n Equipment Checks	
	s to ensure proper function before comme	encing validation runs.
Equipment Serial N	umher	
Enter a number		
Date of Last Prever	itative Maintenance	
Enter date		
Time of Equipment	Startup for Pre-Validation Check	
1 1		
1.1		
Voltage Reading (In	put)	
	put)	
Voltage Reading (In	put)	
/oltage Reading (In		

Equipment Cycle Type (e.g., Gravity, Steam Flush, Vacuum)
Gravity
Steam Flush
☐ Vacuum
Other
Description of Pre-Validation Checks Performed
Write something
Visual Inspection - Equipment Condition
☐ Excellent
Good
☐ Fair ☐ Poor
Technician Signature - Pre-Validation Check Completion
Validation Runs – Biological Indicators (BIs)
Documentation and results of validation runs using biological indicators to assess sterilization efficacy.
BI Lot Number
Enter a number

Date of BI Exposure
Enter date
Time of BI Exposure
BI Incubation Temperature (°C)
Enter a number
BI Incubation Time (hours)
Enter a number
BI Result – Positive/Negative
Positive
☐ Negative
BI Result Comments (e.g., unusual growth, etc.)
Write something
Upload BI Result Image/Documentation
♣ Upload File

BI Type (e.g., Spore Disc, Strip) Spore Disc Spore Strip Spore Suspension
Validation Runs – Chemical Indicators (CIs)
Documentation and results of validation runs using chemical indicators to verify process parameters.
Cycle Number
Enter a number
Chemical Indicator Type Used (e.g., MSD, Dye, Integrator)
Integrator
Other (Specify in LONG_TEXT)
If 'Other' indicator type selected, please specify:
Write something
Number of Chemical Indicators Used
Enter a number

Indicator Placement (e.g., Inside, Outside, Top, Bottom) Inside Outside Top Bottom Other (Specify in LONG_TEXT)
If 'Other' indicator placement selected, please specify: Write something
Time Indicator Observed (Initial)
Time Indicator Observed (Final)
Photo/Scan of Chemical Indicator Post-Cycle L Upload File
Indicator Result (Based on Manufacturer Instructions) Passed Failed Uncertain/Unreadable

Data Analysis & Evaluation

Review and analysis of data collected during validation runs to determine compliance with acceptance criteria.

BI Spore Count (CFU/mL)	
Enter a number	
Incubation Temperature (°C)	
Enter a number	
Incubation Time (hours)	
Enter a number	
BI Result (Positive/Negative)	
Positive	
■ Negative	
CI Result (Passed/Failed)	
Passed	
☐ Failed	
Summary of Data Analysis	
Write something	
Acceptance Criteria Met?	
Yes	
No	

Write something	
Attach Raw Data L Upload File	Files (e.g., data logs, instrument printouts)
	andling & Corrective Actions y deviations from the validation protocol and the implementation of
orrective actions.	y deviations from the validation protocol and the implementation of
Description of De	eviation
Write something	
Severity of Devia	tion (Minor, Moderate, Major)
Minor	
☐ Moderate ☐ Major	
	ysis

Corrective Action(s) Implemented	
Write something	
	J.
Date Corrective Action Implemented	
Enter date	
Effectiveness Verification of Corrective Action	
Write something	
Verification Status (Satisfactory, Unsatisfactory)	
Satisfactory	
Unsatisfactory	
Signature of Person Implementing Corrective Action	

Preparation and review of the final validation report, including all supporting documentation.

Report Summary &	Conclusion
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Write something...

Validation Protocol Document L Upload File	
Raw Data Files (BI & CI Results) ① Upload File	
Number of Validation Cycles Completed	
Enter a number	
Deviations Encountered (Select all that apply) None Parameter Out of Range Equipment Malfunction Documentation Error Other (Specify in Long Text)	
Detailed Description of Deviations & Corrective Actions (If Applicable) Write something	
Report Completion Date Enter date	
Validation Lead Signature	\supset

Report Approval Status	
Approved	
Rejected	
Pending Review	
Equipment Relocation/Maintenance/Repair	
Validation	
Validation performed after equipment relocation, significant maintenance, or repair.	
Description of Relocation/Maintenance/Repair Performed	
Write something	1
	,
Reason for Relocation/Maintenance/Repair	
Routine Maintenance	
Equipment Repair	
Equipment Relocation	
Software Update	
Other (Specify in Long Text)	
Date of Relocation/Maintenance/Repair	
Date of Relocation/Maintenance/Repair	
Enter date	
Time of Relocation/Maintenance/Repair (Start)	

Enter a number		_
Pre-Relocation/Maintenance	Repair Equipment Log/Service Records	
♣ Upload File		
Software Version (if applicat	ole)	
Detailed Description of Post	-Maintenance/Repair Checks	
Write something		
Technician Signature - Verifi	cation of Work Completion	
		_
eriodic Revalidat	ion	
	dation activities to ensure continued sterilization	

Enter date...

Reason for Revalidation (e.g., Time-based, Equipment Modification, Deviation)
Time-based (Scheduled)
Equipment Modification
Process Change
Deviation Identified
Other (Specify)
Brief Description of Revalidation Activities Performed
Write something
Biological Indicator (BI) Records
♣ Upload File
Chemical Indicator (CI) Records
♣ Upload File
Number of BI Strips Used
Enter a number
BI Results: All Positive/Negative?
All Negative
All Positive
Mixed Results (Specify)

Explanation/Details of any Deviation from Expected Results (if applicable)		
Write something		
Reviewer Signature		
Reviewer Signature		