

CATEGORY 2 CSP MEDIA-FILL TEST KIT LOG SHEET

Employee Name: _____

Employee Signature: _____

Date: _____

Lot Number: _____

Expiration Date: _____

Vial Number	Hood Number	Incubation Start (Date & Time)	Temperature One ¹ (°C/°F)	Temperature Adjusted (Date & Time)	Temperature Two ² (°C/°F)	Incubation End ³ (Date & Time)	Result ⁴	Notes
1							Pass / Fail	
2							Pass / Fail	
3							Pass / Fail	

1: 20°– 25°C (68°– 77°F)

2: 30°– 35°C (86°– 95°F)

3: Per USP <797>, incubate for a minimum of 7 days at each temperature range. A total incubation period of at least 14 days is recommended to confirm the absence of microbial growth.

4: Any signs of microbial growth, such as turbidity or precipitation, at any point during the incubation period, indicates a failure in the sterility test.

Supervisor Name: _____

Supervisor Signature: _____

Date (results acknowledged): _____

INTRAVENOUS QUALITY ASSURANCE

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