IVQA INTRAVENOUS QUALITY ASSURANCE

CATEGORY 3 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
Control 1							Growth / No Growth	
Control 2							Growth / No Growth	
Control 3							Growth / No Growth	
1							Pass / Fail	
2							Pass / Fail	
3							Pass / Fail	
4							Pass / Fail	
5							Pass / Fail	
6							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. Microbial growth is expected for the vials in the control group.

Supervisor Name: _____

Supervisor Signature: _____

Date (results acknowledged): _____

INTRAVENOUS QUALITY ASSURANCE

6260 River Crest Dr., Suite E
Riverside, CA 92507
(626) 629-0418
support@ivqa.com
www.ivqa.com