

Documentation Sheet

GKE Clean-Record® Cleaning Process Indicators



Hospital/Clinic: _____ Department: _____ City: _____

Manufacturer: _____ Unit No: _____ Type: _____

Program No:	Batch No:	Date:
Fixation of indicator: <input type="checkbox"/> GKE-Holder <input type="checkbox"/> in the hollow flow-PCD <input type="checkbox"/> 2 mm Split width <input type="checkbox"/> 4 mm Split width <input type="checkbox"/> other location: _____ <input type="checkbox"/> in the Laundry-Check Ball	Cleaning detergent: Manufacturer: _____ Product Name: _____ Best before: _____	Adhere CPI here: Batch No. of indicator:
Approval: <input type="checkbox"/> yes <input type="checkbox"/> no Checked by: _____		

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