

NMCP HIGH LEVEL DISINFECTION (HLD) CONTROL FORM

Location/Dept: _____

Solution Type: Cidex® OPA

12 minute Soak Time

Date : _____

Activation Date: _____

Expiration Date: _____

TEST STRIP RESULT	DEVICE ID #	LEAK TEST Pass/Fail	PATIENT ID INFORMATION Name: First, Last, Middle initial, DOB, FMP and last 4 of SS#	START TIME	STARTED BY: Print name	STOP TIME	STOPPED BY: Print name