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| **Datum** | **Programm** | **Tages- bzw. Gesamt-Charge** | **Chargeninhalt** | **Routinekontrollen durchgeführt \*** | **Beladungsschema eingehalten** | **ordnungsgemäßer Programmdurchlauf** | **unversehrte Verpackung** | **Trockenheit der Medizinprodukte** | **Indikator** **vollständig umgeschlagen** | **Freigabe erteilt** | **Unterschrift** |
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\* - betriebstägliche Leitfähigkeitsüberwachung des Speisewassers;

 - Vakuumtest mind. 1-mal pro Monat;

 - bei > 1STE, betriebstäglicher B&D-Test;

 - Wartung gem. Herstellerangaben