AUTOMATED WASHER DISINFECTOR TEST LOG SHEET

Department:_____

Date	Machine Number *	Rack #	Shelf (level)	Cycle Type	TOSI Score *	Action Taken	Comments	Tester Initials

* Machine #
(A,B,C….1,2,3…)

TOSI Results:
See Interp. Guide on Back

"0"	"1"	"2"	"3"	"4"	"5"
Optimal	Small Fibrin	Large Fibrin	Fibrin/Hemoglobin	Small Fibrin/Hemo	Large Fibrin/Hemo