

**Central Sterile Supplies Department
Record**



MIDSR DENTAL COLLEGE AUTOCLAVE

GULLER, LATUR REGISTER

Name of Dept.....

Date	Name of Drum	No. of Items	Prepared by (Name & Designation)	Received by in CSSD	Space for Pasting Strips	Checked by Doctors/Staff	Remarks
26/11/22	Instrument Drum	01	phad varslu				
	gauze piece drum	01					
	green cloth drum	01					
	Trauma kit	01					
	surgery tray	04					
	Surgical gown drum	01	Varslu				
29/11/22	Instrument Drum	01	phad varslu				
	green cloth drum	01					
	Trauma kit	02					
	surgical gown drum	01					
	gauze piece drum	01					
	Surgery tray	05	Varslu				
29/11/22	Instrument Drum	01	phad varslu				
	gauze piece drum	01					
	Trauma kit	01					
	surgical gown drum	01					
	surgery tray	04					
	green gown drum	01	Varslu				
23/11/22	Instrument Drum	01	phad varslu				
	gauze piece drum	01					
	Trauma kit	02					
	surgical gown drum	01					
	surgery tray	04					
	Surgical gown drum	01	Varslu				

Principal
M.I.D.S.R. Dental College
LATUR



M. I. D. S. R. DENTAL COLLEGE

AUTOCLAVE

REGISTER

Name of Dept.....

Date	Name of Drum	No. of Items	Prepared by (Name & Design.)
9/1/23	Instrument Drum	01	Phad Varsky
	gauze piece drum	01	
	Surgical gown Drum	01	
	green cloth Drum	01	
	Surgery tray.	04	
	Trauma kit	02	
16/2/23	Instrument Drum	01	Phad Varsky
	green cloth Drum	01	
	Surgery tray.	04	
	gauze piece Drum	01	
	Surgical gown Drum	01	
	Trauma kit	02	
16/2/23	Instrument Drum	01	Phad Varsky
	gauze piece Drum	01	
	Surgical gown Drum	01	
	surgery tray.	04	
	green cloth Drum	01	
	Trauma kit	02	
17/2/23	Instrument Drum	01	Phad Varsky
	Trauma kit	02	
	Surgery tray.	04	
	gauze piece Drum	01	
	Surgical gown Drum	01	
	green cloth Drum	01	

Received by In CSSD	Space for Pasting Strips	Checked by Doctors/Staff	Remarks
<i>[Signature]</i>		<i>[Signature]</i>	
<i>[Signature]</i>		<i>[Signature]</i>	
<i>[Signature]</i>		<i>[Signature]</i>	
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[Signature]
Principal
M. I. D. S. R. Dental College
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