Haliburton, Kawartha, Pine Ridge District Health Unit
Environmental Health Department
200 Rose Glen Road
Port Hope, ON L1A 3V6
Telephone: 1-866-888-4577 ext 5006 | Fax: 905-885-1947
Email: inspections@hkpr.on.ca

DISINFECTION LOG SHEET RECORDING FORM

This record must be kept by the owner/operator of the premises for 2 years in with the most recent 12 months onsite.
This recording form is to be used to record when equipment has been disinfected used, prepared, and discarded as per S14 of *O. Reg. 136/18: PERSONAL SERVICE SETTINGS*
Ensure to follow manufacturer's instructions for use (e.g. personal protective equipment, contact time, expiration date, dilution ratio, concentration)

Business Name: _____

Address: _____ Phone Number: _____

Disinfectant Name _____ Contact Time: _____ Concentration _____ DIN/NPN _____

Expiry Date on Bottle	Date Prepared	Date Used on Equipment	Date Discarded	Test Strips (if applicable)	Initials