

**Date of Document:** 19/1/2026  
**Clinic Name:** Schoen Podiatry  
**Clinic Address:** 6/11 Boyd Crescent Hamilton HILL WA 6163  
**Clinic Phone:** 0405390063  
**Clinic Contact:** Deb

**Sterile instrument order:**

Item	Quantity	Sterilisation Date	Tracking number	Expiry Date
General treatment pack - own	5	19/1/2026	260119-3	18/1/2027
General treatment pack - PodMed	16	19/1/2026	260119-3	18/1/2027

**Total items:** 21      **Batch**      **Sets**  
**Clean boxes Supplied:** 1      260119-3      21  
**Dirty Boxes supplied:** 1

Sterile compliant on autoclave  
 Sterile compliant on pack  
 Sterile compliant on class 6 emulating indicator  
 Sterile compliant on indicator label

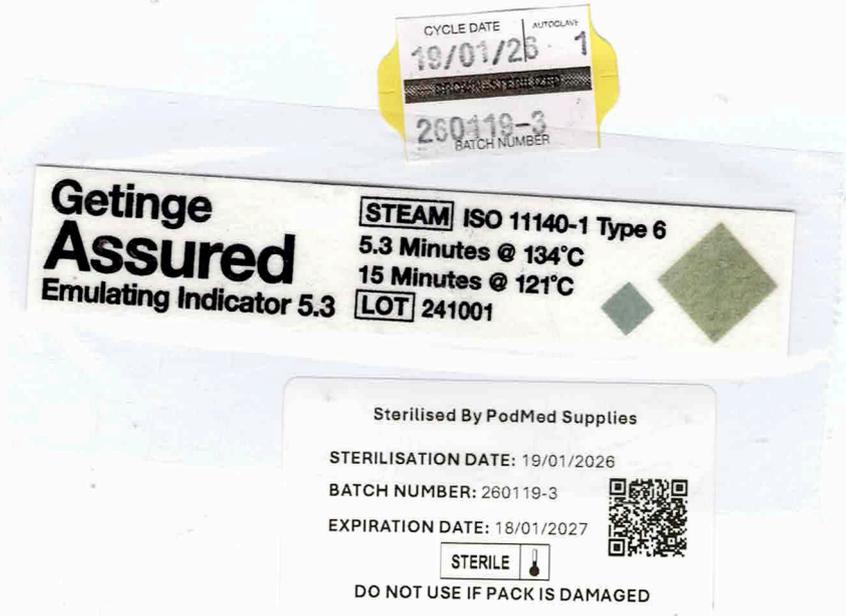
YES / NO  
 YES / NO  
 YES / NO  
 YES / NO

**Certified By:** Chris H

**Signed:**



**Notes:**



CYCLE DATE: 19/01/26  
 AUTOCLAVE: 1  
 260119-3  
 BATCH NUMBER

**Getinge Assured**  
 Emulating Indicator 5.3  
**STEAM** ISO 11140-1 Type 6  
 5.3 Minutes @ 134°C  
 15 Minutes @ 121°C  
**LOT** 241001

Sterilised By PodMed Supplies  
 STERILISATION DATE: 19/01/2026  
 BATCH NUMBER: 260119-3  
 EXPIRATION DATE: 18/01/2027  
 STERILE   
 DO NOT USE IF PACK IS DAMAGED