

AUTOCLAVE LOG SHEET

Use this log to record the materials and parameters for each autoclave run. This log is for the purpose of *in-house* record-keeping and maintenance.

Autoclave make/model:		Department/Lab/Center name:	
Location (building-room number):		Principal Investigator/ Supervisor name:	
Person responsible for autoclave:			
Phone number and email:			

AUTOCLAVE LOG SHEET										
Date	Quantity	Type (Liquid, Solid, Tools)	Treatment Method (Liquid, Gravity, Pre-vacuum)	Sterilization Parameters			Tape Result (Pass/Fail)	Chemical Integrator Result (Accept/Reject)	Biological Indicator Used? (Y/N)	Printed Name
				Temp	Time	Pressure				Signature
Additional Information:										
Additional Information:										
Additional Information:										
Additional Information:										
Additional Information:										
Additional Information:										

BIOLOGICAL WASTE TREATMENT LOG SHEET

All loads containing biohazardous waste must be autoclaved at 121°C for a minimum of 60 minutes

Date	Quantity	Type (Liquid, Solid, Tools)	Treatment Method (Liquid, Gravity, Pre-vacuum)	Sterilization Parameters			Tape Result (Pass/Fail)	Chemical Integrator Result (Accept/Reject)	Biological Indicator Used? (Y/N)	Printed Name
				Temp	Time	Pressure				Signature
Additional Information:										
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