

### BIOLOGICAL WASTE TREATMENT LOG

In accordance with M.G.L. c. 111 §§ 3, 5 and 127A and 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code, Chapter VIII), generators of medical or biological waste, which is treated on-site shall maintain a current record-keeping log with the following information: the exact date of treatment; the quantity of waste treated; the type of waste; the on-site treatment method with documentation of applicable process parameters, including but not limited to time, pressure, temperature and pH; the printed name and signature of the person responsible for treatment; and the quality control (QC)/challenge testing results (growth - **G** - /no growth - **NG**), when applicable.

Autoclave make/model:				Department/Lab/Center name:									
Location (building-room number):				Principal Investigator/Supervisor name:									
Person responsible for autoclave:													
Phone number and email:													
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 (Y/N)	Autoclaved Biological Indicator (G/NG)	Positive Control (G/NG)	Printed Name
				Max Temp Reached	Time	Pressure	pH						Signature
Additional Information:													
Additional Information:													
Additional Information:													
Additional Information:													
Additional Information:													
Additional Information:													

### BIOLOGICAL WASTE TREATMENT LOG

In accordance with M.G.L. c. 111 §§ 3, 5 and 127A and 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code, Chapter VIII), generators of medical or biological waste, which is treated on-site shall maintain a current record-keeping log with the following information: the exact date of treatment; the quantity of waste treated; the type of waste; the on-site treatment method with documentation of applicable process parameters, including but not limited to time, pressure, temperature and pH; the printed name and signature of the person responsible for treatment; and the quality control (QC)/challenge testing results (growth - **G** - /no growth - **NG**), when applicable.

Autoclave make/model:				Department/Lab/Center name:									
Location (building-room number):				Principal Investigator/Supervisor name:									
Person responsible for autoclave:													
Phone number and email:													
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 (Y/N)	Autoclaved Biological Indicator (G/NG)	Positive Control (G/NG)	Printed Name
				Max Temp Reached	Time	Pressure	pH						Signature
Additional Information:													
Additional Information:													
Additional Information:													
Additional Information:													
Additional Information:													
Additional Information:													