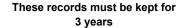




## **BIOLOGICAL WASTE TREATMENT LOG**

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 m	nake/model:						Department/Lab/Center name:						
Location (building-room number):							Principal Investigator/ Supervisor name:						
Person resp	onsible for au	toclave:											
Phone number and email:													
				All loads co	ntaining bio	hazardous	waste must k	e autoclave	d at 121°C for a m	ninimum of 60	minutes		
Date	Quantity	Type (Liquid, Solid, Tools)	Treatment Method (Liquid, Gravity, Pre-vacuum)	Sterilization Parameters					Chemical	Biological	Autoclaved	Positive	Printed Name
				Max Temp Reached	Time	Pressure	рН	Tape Result (Pass/Fail)	Integrator Result (Accept/Reject)	Indicator (Y/N)	Biological Indicator ( <b>G/NG</b> )	Control (G/NG)	Signature
Additional In	formation:												
Additional In	formation:	1	1	1	ſ	ſ	ı		·		1	· · · · · · · · · · · · · · · · · · ·	
Additional In	iformation:	Ī	1	]	l	l	I		Ī		<u> </u>		
Additional In	formation:												
Additional In	formation:			•									
Additional In	nformation:												
Additional In	formation:												





## **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 m	nake/model:						Department/Lab/Center name:						
Location (building-room number):							Principal Investigator/ Supervisor name:						
Person resp	onsible for au	toclave:											
Phone number and email:													
				All loads co	ntaining bio	hazardous	waste must k	e autoclave	d at 121°C for a m	ninimum of 60	minutes		
Date	Quantity	Type (Liquid, Solid, Tools)	Treatment Method (Liquid, Gravity, Pre-vacuum)	Sterilization Parameters					Chemical	Biological	Autoclaved	Positive	Printed Name
				Max Temp Reached	Time	Pressure	рН	Tape Result (Pass/Fail)	L	Indicator (Y/N)	Biological Indicator ( <b>G/NG</b> )	Control (G/NG)	Signature
Additional In	formation:												
Additional In	formation:	1	1	1	ſ	ſ	ı		<b>.</b>		1	· · · · · · · · · · · · · · · · · · ·	
Additional In	iformation:	Ī	1	]	l	l	I		Ī		<u> </u>		
Additional In	formation:												
Additional In	formation:			•									
Additional In	nformation:												
Additional In	formation:												