

Autoclave Log

Location (Building Name, Room Number): _____

Use autoclave log with every load – maintain on file for 3 years

Date	Waste Y/N	Signature (Print Name)	Temp & Pressure	Length of Time	Indicator Results (pass/fail)	Re-autoclave? (yes/no)	2 nd Indicator Results (pass/fail)	Indicator	Comments (cycle number, last validation date, repair calls, etc.)