

## AUTOCLAVE SELF-AUDIT CHECKLIST

<b>DATE</b>						
<b>Building / Room</b>						
<b>Autoclave Model &amp; Make</b>						
<b>Autoclave ID #</b>						
<b>Procedures posted &amp; / or operation manual readily available</b>						
<b>Monthly performance checked with BI and well documented</b>						
<b>Sterile conditions per load of waste checked with CI and documented</b>						
<b>Autoclave Use log consistently used and checked by responsible tech</b>						
<b>Documentation/ records kept of training provided</b>						
<b>Documentation/ records kept of service/maintenance/certification</b>						
<b>Adequate holding areas provided for waste awaiting autoclaving</b>						
<b>Work area clean and well-kept</b>						
<b>PPE worn for loading/unloading</b>						
<b>Access restricted to authorized personnel &amp; Biohazard sign posted</b>						
<b>Biohazard spill /emergency response supplies &amp; equipment in place</b>						
<b>Non-infectious autoclaved waste discarded with no biohazard symbol into regular trash</b>						
<b>Infectious autoclaved waste discarded as Red. Med. Waste &amp; RMW properly packaged</b>						