

## AUTOCLAVE USE LOG

Autoclave Location: Building / Room \_\_\_\_\_ Autoclave Model & Make \_\_\_\_\_ ID # \_\_\_\_\_

Contact Person \_\_\_\_\_

*PLEASE SIGN IN FOR ALL LOADS*

*VERIFY STERILITY BEFORE DISCARDING WASTE*

DATE	USER	LAB #	TIME OF DAY	LOAD or CYCLE #	CYCLE TYPE			RUN TIME (min)	IS THIS WASTE? [ IF YES, ✓ BELOW & VERIFY LOAD ]	LOAD STERILITY VERIFIED BY C. I. COLOR CHANGE?	CORRECTIVE ACTION / COMMENTS
					LIQ	SOL	PRE VAC				

Please use reverse side

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DATE	USER	LAB #	TIME OF DAY	LOAD or CYCLE #	CYCLE TYPE			RUN TIME (min)	IS THIS WASTE? [ IF YES, ✓ BELOW & VERIFY LOAD ]	LOAD STERILITY VERIFIED BY PRINTOUT OR C. I. COLOR CHANGE?	CORRECTIVE ACTION / COMMENTS
					LIQ	SOL	PRE VAC				

Please use new sheet