

AUTOCLAVE LOG SHEET

Autoclave make/model:						Location (building/room number):						
Lab/Facilit	ty name:					Principal Investigator/ Supervisor name:						
Person responsible for autoclave:						Phone number:						
Date	Contents	Cycle Number	Cycle Type	Sterilization Time (min)	Pressure (psi)		Max Temp Reached	Tape Result (pass/fail)	Chemical Integrator Result (pass/fail)	Biological Indicator Used? (Y/N)	Operator	Comments