

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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					LIQ	SOL	PRE VAC				

Please use new sheet