Autoclave Log Sheet

Month / Year_____ Place_____

Autoclave Name		Lab / Facility Name	
Manufacturer		Place / Building name	
Manufacturer Phone		Supervisor Name	
Technical Person		Phone / Extn.	

Date	Sterilization Time			Temp. °F / °C	Pressure	Strip Color Changed (Y / N)	Comments	Operator's Initials
	Start	End	Cycle Duration					

*Autoclave processing tapes may be attached to form for record

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