

YEAR _____

Make/Model: _____

Serial Number: _____

Facility/Laboratory Name: _____

ID# of Each Unit : _____

AUTOCLAVE CYCLE TIMING RECORD

Timing Device	Date	Start-up time	Time to reach sterilization temperature	Total Time to reach temperature	Start time of exhaust	Total Time at sterilization temperature	End of exhaust cycle	Total Time exhausting	Total Time in autoclave	<u>Pass/ Fail</u>	Analyst
		A	B	C=B-A	D	E=D-B	F	G=F-D	H		
Autoclave											
Timer											
Autoclave											
Timer											
Autoclave											
Timer											
Autoclave											
Timer											
Autoclave											
Timer											
Autoclave											
Timer											

1. Sterility Check: Type/Manufacturer _____ Lot# _____ (**B. stearothermophilus used**) Expiration Date: _____
2. Indicator Tape: Type/Manufacturer _____ Each Canister Taped: (CIRCLE) Yes or No. Expiration Date: _____