BFSLS 493 (Rev.12/13)

COMMONWEALTH OF PENNSYLVANIA ,DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY AND LABORATORY SERVICES
LABORATORY DIVISION

YEAR: _____

Make/Model: _____
Serial Number: _____
ID# of Each Unit:_____

Facility/Laboratory Name:_____

AUTOCLAVE STERILIZATION RECORD

Date	Items Sterilized	Start Time	Time to Reach Temp.	Length of Time at Temp.	Temp. Reading ºC (exterior)	Time Removed	Total Time in Autoclave	Indicator Tape (Results & Interpretation)	Cycle Timing Check (Pass/Fail) Quarterly	Performance Check Results (color or other characteristic) Weekly			MRT Temp Check ºC	Analyst ID or Initials
										POS Control	Actual Cycle	Interpr. P- Pass F -Fail		

Performance Check: Type_____Manufacturer _____ Lot# _____ (**G. stearothermophilus used**) Expiration Date: _____
Type_____Manufacturer _____ Lot# _____ (**G. stearothermophilus used**) Expiration Date: _____

Indicator Tape: Type_____Manufacturer _____ Each Item Taped: (CIRCLE) Yes or No Expiration Date: _____