

YEAR: _____

Make/Model: _____

Facility/Laboratory Name: _____

Serial Number: _____

ID# of Each Unit: _____

AUTOCLAVE STERILIZATION RECORD

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

Performance Check: Type _____ Manufacturer _____ Lot# _____ (G. stearothersophilus used) Expiration Date: _____

Type _____ Manufacturer _____ Lot# _____ (G. stearothersophilus used) Expiration Date: _____

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