

AUTOCLAVE LOG

Autoclave Type _____

Lab Used for Spore Tests _____

Date of Run	Load # (Sequential)	Temperature (degrees F)	Time Sterilized (Minutes)	Spore Test Sent to Lab (date) <i>See lab report for results</i>	Spore test results reviewed and filed (date)	Cleaned Weekly (Clean chamber and trays per manuf. guidelindes)	Name of Staff Completing tasks (Full name and title)

Problem Resolution

Date	Problem	How Handled	Name of Staff/Signature