

AUTOCLAVE LOG

Autoclave Type: _____

Lab Used for Spore Test: _____

Date of Run	Load # (Sequential)	Temperature (degree F)	Steam Pressure Reading	Time Sterilized (Minutes)	Spore Test results reviewed and filed (Date)	Cleaned Weekly) (Clean chamber and trays per manufacturer guidelines)	Name of Staff Completing tasks (Full name and title)

Problem Resolution

Date	Problem	How Handled	Name of Staff/Signature