AUTOCLAVE USE and QUALITY CONTROL LOG

Principal Investigator:	Autoclave Brand:
Department:	Autoclave Model:
Telephone:	Autoclave Serial #:
Location of Autoclave:	Last Certification Date:

Date	**Time**	**User Name**	**Cycle Parameters**	**Materials Autoclaved**	**Sterility /QC Check**	
				Equipment, Media, Biowaste, Spore test, Other	Biological Indicator Brand/Lot #	Result