

# Sterilization Log

Facility Name \_\_\_\_\_

Autoclave Brand \_\_\_\_\_

Year \_\_\_\_\_

Autoclave Model \_\_\_\_\_

Serial Number \_\_\_\_\_

Date	Load Description	Load Quantity	Temp (F°)	Pressure (psi)	Cycle Time	Heat Tape Results	Monthly Spore Test Result	Initials	Actions taken for non-responsive temperature indicators, integrators that show fail, or failed spore tests	Integrator Results Attach Here

- (Sterilization – min. temp. of 250° F or higher for a specified amount of time, temp., & pressure, per the manufacturer) - Must Keep Record of Annual Thermometer Calibration -