Office of Biosafety

Autoclave Log

Location (Building Name/Number, Room Number): _____

Use autoclave log with every load - maintain on file for 3 years.

Date	Signature	Temp & Pressure	Length of Time	Indicator Results (pass/fail)	Re-autoclave? (yes/no)	2nd Indicator Results (pass/fail)	Attach Indicator Here	Comments (cycle number, etc.)