Sample

Sterilization Log

Facility Name _____

Autoclave Brand _____ Year _____

Autoclave Model _____

Serial Number _____

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