

Autoclave Use Log

Location: _____

A <u>COMPLETE</u> entry must be made in this log for each use of the autoclave

Date	Time	Generator Name	Lab	Max Temp. (°C)	Cycle Time (min.)	Weight/ Volume (Ibs/mL)	Biohazard Waste	Other: Specify	Cycle Completion (Pass/Fail)	Comments
Example: 7/10/17	2:00p	Jane	EH&S	121	30 min	100 mL		✓ Media	Pass	
Example: 8/8/17	2:00p	Steven	EH&S	121	30 min	7		✓ Glassware	Fail	Service Technician called 8/8/2017 at 3pm. Fixed on 8/10/2017 at 9am