## Autoclave Log Sheet

Place

·								
Autoclave N	lame					lity Name		
Manufacturer						ilding name		
Manufacturer Phone						r Name		
Technical Person						xtn.		
Date	Sterilization Time				Pressure	Strip Color	Comments	Operator's
	Start	End	Cycle Duration	°F/°C		Changed (Y / N)		Initials

Month / Year

<sup>\*</sup>Autoclave processing tapes may be attached to form for record