

Sterilization Log

Facility Name _____

Autoclave Brand _____

Year _____

Autoclave Model _____

Serial Number _____



County of Santa Clara
Department of Environmental Health
www.ehinfo.org

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

- (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 -