

Sterilization Log

Log Year: 20_____

Month: _____

Autoclave Make: _____ Model: _____ Serial Number: _____

(Sterilization: min. temp of 250°F or higher for a specified amount of time, temp., & pressure, per the manufacturer)

Day	Lot #	Operator Initials	Contents	Time Beg/End	Temp	PSI	*Spore Test Results When Included In Load	Integrator Results
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				/				
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