# AUTOCLAVE STERILIZATION RECORD
## DIVISION OF COMPARATIVE MEDICINE

FACILITY _____ ROOM _____ AUTOCLAVE ID_____ MONTH/YEAR_____

| DATE | LOAD ID | VERIFY STRIP (daily) **P**ass/**F**ail | DART or BOWIE DICK (daily) **P**ass/**F**ail | BIOLOGICAL INDICATOR (weekly) | | | | | CYCLE | TIME | TEMP | TECH |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Steam Strip **P**ass/**F**ail | 24 Hr **B**lue/**Y**ellow **T**urbid/**C**lear | 48 Hr **B**lue/**Y**ellow **T**urbid/**C**lear | Final Status **P**ass/**F**ail | Control **B**lue/**Y**ellow **T**urbid/**C**lear | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |
| | | P F | P F | P F | B Y T C | B Y T C | P F | B Y T C | | | | |

Initial, date, and retain indicator strips for at least the prior month. If results are satisfactory Facility Manager reviews, signs, submits this form to archive monthly, and disposes of indicator strips.
If any monitoring results are unsatisfactory an entry is made in the ***Equipment Log Sheet*** describing the failure and the corrective action taken.

_____
Facility Manager Date