

Sterilization Log

Facility Name _____
Autoclave Brand _____
Autoclave Model _____
Serial Number _____



County of Kern
 PUBLIC HEALTH SERVICES DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 BODY ART PROGRAM

Date	Load #	Contents	Operator (initials)	Time (Start/End)	Temp	psi	Temperature Indicators Results	Spore Test Results when Included	Actions taken for non-responsive temperature indicators, integrators that show fail or failed spore tests	Class V Integrator - Attach Here

Autoclave processing record tapes may be attached to form for record (available with some autoclave models).