UNT Autoclave Testing Log for Biohazardous Waste

Autoclave Location Info: Building_____ Room#_____ID# _____

PI:_____Department_____

Date of Autoclaving and Incubation	Operator Name (printed)	Initials	Bioindicator Lot Number	BI Expiration Date	Cycle Type Tested			Cycle Time (mins)/Cycle temp (°C)	Positive control color change? (+/-)	Sterility Test color change? (+/-)		Corrective Actions/Comments
					Liq	Sol	Pre vac			24h	48h	

Maintain a copy of the current form and provide annually to RMS/BSO at biosafety@unt.edu. Keep for 3 years.

Questions? Contact RMS/BSO at biosafety@unt.edu.

Revision date 9/1/2018