

Sterilization Log

Body Art Facility Name: _____

Autoclave Make/Model: _____

Serial Number: _____

Date	Load #	Contents	Operator	Time Begin/End	Temp	PSI	Results of Chemical Indicators	Integrator Results	Spore Test Results when included	Actions taken for packages with non- responsive chemical indicators or Integrators that show fail
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				/						
				/						
				/						
				/						
				/						

Autoclave processing tapes may be attached to form for record.