Autoclave Information

Building/Room	
Serial Number	
Make/Model	
Responsible Individual (Name/Phone Number)	
Automatic Documentation (Yes/No) If no, provide for attachment of chemical integrators.	

UNIVERSITY OF KENTUCKY
DEPARTMENT OF BIOLOGICAL SAFETY

Autoclave User Log

Operator Name/Phone	Lab Room Number	PI Name	Date/Time of Processing	Cycle Type	Biohazard Waste? (Yes/No)	Cycle Parameters Met? (Pass/Fail)