

FORM: Autoclave Monitoring

Autoclave Information

Name and Description: _____

Model: _____

Serial Number: _____

Biological Indicator Test Results

| Date | Time | Hours since incubation began | Color of media inside indicator | Comments | Initials |
|------|------|------------------------------|---------------------------------|----------|----------|
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Monitoring Results:

Dates Monitoring Protocol Performed: _____

Monitoring Protocol Initiator: _____

Pass: Yes No

Failed Monitoring:

Reason for Failure: _____

Date Out of Service: _____

Technician: _____