Montgomery County Community College 340 DeKalb Pike Blue Bell, PA 19422

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## **FORM: Autoclave Monitoring**

		Au	toclave Informatio	n		
Name and Description:						
Model:						
Biological Indicator Test Results						
Date	Time	Hours since incubation began	Color of media inside indicator	Comments	Initials	
	1		<u> </u>			
Monitoring Results: Dates Monitoring Protocol Performed:				Failed Monitoring: Reason for Failure:		
Monitor	ing Proto	col Initiator:				
			D-4- O 4 66	•	_	
Pass: □Yes □ No			Date Out of Serv	Date Out of Service:		
			Technician:	Technician:		