

THE UNIVERSITY OF TEXAS AT AUSTIN

Autoclave ID No.: _____ Building: _____ Room: _____

- **Microbiological Waste:** For a definition of microbiological waste, refer to The University's Procedures for Disposal of Hazardous Waste, available at www.utexas.edu/safety/ehs/disposal/hazwaste/toc.html
- **Weight:** The total weight of the load is considered waste **IF waste is any part of a load**.
- **Minimum Parameters for Waste:**
 - **Pressure:** ≥ 15 psig
 - **Temperature:** ≥ 121 °C;
 - **Time:** ≥ 30 minutes autoclave time

Autoclave Waste Treatment Records

Date of Treatment	Professor	Weight (lbs.) of Treated Load Containing Waste	Pressure psig	Method/Conditions		Name of Person Treating Waste (Printed)	Initials
				Temperature ° Celcius	Minutes of Autoclaving		
1)							
2)							
—							
3)							
—							
4)							
—							
5)							
—							
6)							

NOTE: Autoclave Waste Treatment Testing Records are to be kept three (3) years for review by the Texas Commission on Environmental Quality at any time. Forward this completed form to your departmental office. (For more information, please call EHS at 471-3511)

SWFHCRF Form

3/05 (Rev.)

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