Autoclave Testing Information

Fill in all the information and provide back to EHS along with the test pack.

Person Performing Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Autoclave No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bldg No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Rm No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Autoclave Parameters**

Temperature (min. 121˚ C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pressure (min. 15 psig) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time (min. 30 minutes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Autoclave No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bldg No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Rm No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pressure (min. 15 psig) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time (min. 30 minutes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Autoclave No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bldg No. \_\_\_\_\_\_\_\_\_\_\_\_\_ Rm No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pressure (min. 15 psig) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time (min. 30 minutes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_