



TEXAS TECH UNIVERSITY

# Environmental Health *and* Safety

## Periodic Autoclave Testing Report Form

**If using EHS assistance for incubation, please complete this form and submit with the test vial.**

If you have questions, comments or need assistance in incubation, please contact [safety@ttu.edu](mailto:safety@ttu.edu)

### STERILIZER TEST DATA

Please fill in all information requested for complete and accurate results.

Principle Investigator Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Operator Name (in CAPS): \_\_\_\_\_

Operator Signature: \_\_\_\_\_

Building Name: \_\_\_\_\_ Room No.: \_\_\_\_\_

Sterikon Vial ID: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Make: \_\_\_\_\_ Asset Tag No.: \_\_\_\_\_

Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Temperature: \_\_\_\_\_ degree C/F Exposure time: \_\_\_\_\_ minutes Pressure: \_\_\_\_\_ psi

Autoclave is used to sterilize the following items: \_\_\_\_\_

Lab Process involves: \_\_\_\_\_ BSL Level: \_\_\_\_\_

**FOR EHS USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_\_\_

#### Test Results:

- Positive       Negative (No Growth)       Invalid (No growth in Control)
- Autoclave Passed       Autoclave Failed       Retest required

Evaluated by (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_