



TEXAS TECH UNIVERSITY

## Environmental Health & Safety

# Periodic Autoclave Testing Report Form

### **INSTRUCTIONS**

Testing shall be conducted according to EHS SOP 5.4 which is available in the [Lab Safety Manual](#), Appendix BE. Complete this form and submit with your test vial; otherwise, email the completed form to EHS Lab Safety at the email address below. The Operator is the personnel conducting testing.

If you have questions or otherwise need assistance, please contact [ehs.lab.safety@ttu.edu](mailto:ehs.lab.safety@ttu.edu).

### **CONTACT INFORMATION**

Equipment Contact Name: \_\_\_\_\_ Operator? Yes

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Operator: \_\_\_\_\_ Email: \_\_\_\_\_  
(if not contact)

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

### **UNIT INFORMATION**

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

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

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

Unit is used to sterilize the following materials:

### **TESTING INFORMATION**

Date of Test: \_\_\_\_\_

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

**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

Comments:

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

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

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