



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. Operators must fill out all fields in contact and testing information and complete unit information as instructed. Evaluators must indicate results for lines A and B and fill out date and signature fields.

If you have questions or otherwise need assistance, please contact ehs.lab.safety@ttu.edu.

CONTACT INFORMATION

Equipment contact name:

Operator? Yes:

Phone:

Email:

Operator:
(if not contact)

Email:

UNIT INFORMATION

The Unit ID can be found on an EHS tag located on each autoclave. Please include the serial number if available.

Building name:

Room no.:

BSL:

Make:

Unit ID:

Model:

Serial #:

Unit is used to sterilize the following materials:

TESTING INFORMATION

Temperature: C F Exposure time: minutes Pressure: psi

Date of Test:

Operator Signature

Date

EHS USE ONLY - DO NOT WRITE BELOW THIS LINE

Date received:

Test results: Please mark a box for both row A (biological indicator) and row B (autoclave).

A)	Positive	Negative (no growth)	Invalid (no growth in control)
B)	Autoclave passed	Autoclave failed	Retest required

Comments:

Evaluator:

Evaluator Signature

Date