|  |  |  |
| --- | --- | --- |
| **Autoclave Location (Building/room #):** | **Area Responsible Person:** | **Name:** |
| **Model:** | **Serial Number:** | **Email/phone:** |
| **Autoclave Operation Log** |
| This log must be filled in every time the autoclave is operated; when the **Cumulative time** **reaches 40 hours**, a validation test must be run and recorded on the Autoclave Validation Log. Be sure to note the validation test on this log, and indicate pass/fail in the comments section. |
| **Date** | **User** | **Program** | **Cycle time (hrs)** | **Cumulative Time (hrs)** | **Validation?** | **Comments** |
| **Name** | **Email** |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |
|  |  |  |  |  |  | yes no |  |

For questions regarding the use of this log, contact Gary Skuse (585-475-6725).

\*The cumulative time is the sum of the cycle times from each operation of the autoclave since the last validation test. For assistance with validation, reference the Standard Operating Procedures, or contact Gary Skuse, or RIT EH&S (585-475-2040).