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| **Autoclave Location (building/room #):** | | | | | | | **Area Responsible Person** | | **Name:** | |
| **Model:** | | | **Serial Number:** | | | | **Email/phone:** | |
| **Autoclave Validation Log** | | | | | | | | | | |
| **Date** | **User** | | | **Biosign steam-24 Biological Indicator** | | | | | | **Comments** |
| **Name** | **Email** | | **Cycle time (hrs)** | **Temperature** | **Lot # exp. Date** | | **Pass/Fail** | |
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**Validation should be performed every 40 hours of operation. See the Autoclave Operation Log for the current cumulative time and the date of the last validation.**   
  
For assistance with validation, reference the Autoclave Validation Standard Operating Procedure, or contact Gary Skuse (585-475-6725), or RIT EH&S (585-475-2040).