sonoma county
DEPARTMENT OF HEALTH SERVICES
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https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/

Sterilization Log

Shop Name_____ Serial Number_____

Autoclave Number_____ Month_____

Date	Load #	Contents	Operator	Time BEG/END	Temp	PSI	Spore Test Results When Included	Actions taken Integrator that show fail	Integrator Results

Autoclave processing tapes may be attached to form for record