



Autoclave Testing Checklist

Testing Frequency: Quarterly Semiannually Annually

Test Date		EHS #		Make	
Building		Room #		Model	
Dept.		Contact		Serial #	

Testing Conditions

Test #	Posted	Actual
Pressure (PSI)		
Temperature (note °F or °C)		
Time (Minutes)		
Cycle (if available)		

Internal Use Only	
Inside Box	<input type="checkbox"/> Black (Pass) <input type="checkbox"/> White (Fail)
Outside Box	<input type="checkbox"/> Black (Pass) <input type="checkbox"/> White (Fail)
Ampule at 24 Hours	<input type="checkbox"/> Purple (Pass) <input type="checkbox"/> Yellow (Fail)
Control Ampule at 24 hours (un-autoclaved ampule)	<input type="checkbox"/> Purple (Fail) <input type="checkbox"/> Yellow (Pass)