## **INSTITUTIONAL INTEGRITY AND RISK MANAGEMENT Environment, Health and Safety**

## Weekly Autoclave Testing Log for Biohazard Waste

In accordance with section .1200, N.C. Medical Waste Rules

Autoclave Location Info: Building & Room # PP#

Year:\_\_\_\_\_ Indicator Type/Name:\_\_\_\_\_

Department and/or PI information:\_\_\_\_\_

| IncubationExpirationand Temperature(mins)Results/Comments  | Operator |
|--|----------|
|  |          |
| Image: state of the state |          |
|  |          |
| Image: state of the state |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |
|  |          |

Maintain a copy of the current form at the autoclave or incubation station. Keep for 3 years. Questions? Contact EHS (919-962-5507). Form revision Date: 9/23/2009