

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: _____

[illegible]

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