



Business Name/Address _____

Autoclave mfr./name _____

Sterilizer Log

<i>Date of Load (month/day/year)</i>	<i>Contents of Load</i>	<i>Exposure Time</i>	<i>Exposure Temp</i>	<i>Results of Class V Integrator (Pass/Fail)</i> <small>If fail, indicate how the items were cleaned and reprocessed, and when the integrator passes</small>	<i>Initials of Autoclave Operator</i>