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| **BIOLOGICAL INDICATOR TEST RESULT LO** | **G**  |
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Autoclave Location: Building/Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Autoclave Model & Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Person Name: Responsible Person Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biological Indicator (BI) Type/Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this log is to maintain documentation of autoclave use

Original records, including test pack card, to be maintained by Responsible Individual.

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| Date  | Operator Name  | BI Lot Number  | BI Expiration Date  | Cycle Description  | Incubation Time  | Results Pass/Fail  | Comments Or Corrective Action  |
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