

# AUTOCLAVE DAILY RECORD SHEET

**Please keep these records in date order for inspection**

|   |               |
|---|---------------|
| Autoclave Type  | Serial Number |
| Week Commencing   | Location      |
| Type of Water used (ideally sterile water for irrigation) |               |

| Daily test                                    | Saturday                 | Sunday                   | Monday                   | Tuesday                  | Wednesday                | Thursday                 | Friday                   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Cycle Counter Number                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Time to reach holding temp                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temp during holding period                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure during holding period                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Total time at holding temp/pressure           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water drained at end of day where appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Process check used                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Printout attached                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initials of authorised user                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Weekly Safety Test                        | Yes/No | Comments  |
|---|--------|-----------|
| Door seals secure                         |        |           |
| Door safety devices functioning correctly |        |           |
| Safety Valves operating correctly         |        |           |
| Yearly service by a competent engineer    |        |           |
| Comments                                  |        |           |
| Name                                      | Date   | Signature |

**PLEASE KEEP THESE RECORDS IN A RING BINDER FOR SELF AUDIT/INSPECTION**