

BFSLS 493 (Rev.8/23)

YEAR: \_\_\_\_\_

Facility/Laboratory Name: \_\_\_\_\_



**pennsylvania**  
 DEPARTMENT OF AGRICULTURE  
 BUREAU OF FOOD SAFETY & LABORATORY SERVICES

ID# of Each Unit: \_\_\_\_\_

**AUTOCLAVE STERILIZATION RECORD**

Date	Items Sterilized	Start Time	Time to Reach Temp.	Length of Time at Temp.	Temp. Reading °C (exterior)	Time Removed	Total Time in Autoclave	Indicator Tape (Results & Interpretation)	Cycle Timing Check (Pass/Fail)	Performance Check Results (color or other characteristic)			MRT Temp Check °C	Analyst ID or Initials
										Weekly				
									Quarterly	POS Control	Actual Cycle	Interpr. P- Pass F -Fail		

Performance Check: Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Lot# \_\_\_\_\_ (G. stearothermophilus used) Expiration Date: \_\_\_\_\_  
 Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Lot# \_\_\_\_\_ (G. stearothermophilus used) Expiration Date: \_\_\_\_\_

Indicator Tape: Type \_\_\_\_\_ Manufacturer \_\_\_\_\_ Each Item Taped: (CHECK) Yes or No Expiration Date: \_\_\_\_\_