CMF AUTOCLAVE BIOLOGICAL INDICATOR LOG **AUTOCLAVE LOCATION:** _____

To be completed by vivarium staff					
DATE RUN	CYCLE NAME	LOAD LOCATION (top, middle, bottom, etc)	WRAP TYPE (cage bag, water bottle, steri pouch, etc.)	INITIALS (vivarium)	RUN COMMENTS

Run at least weekly, after unit repair, and when training new personnel.
Rotate cycle type and load location each week.
Mimic wrap for load type (place in autoclave pouch, cage bag, pack wrap, etc.).
Indicate run issues (if any) in comments.