UNIVERSITY OF TEXAS ARLINGTON

Environmental Health & Safety

Biological Indicator Test Results Log

Autoclave Make: _____ **Model:** _____ **Manufacturer:** _____

Biological Indicator: _____ **Type:** _____ **Building, Room:** _____

Date of Autoclaving & Incubation	Operator	Cycle Selected & Temperature (C°)	Cycle Time	Number of Test Ampoules	Biological Indicator Expiry Date & Lot #	Positive Control (non-sterilized self-contained biological indicator) shows growth (+)	Test Ampoule(s) Pass (P) Fail (F)

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.