

Biological Waste Record Keeping Log

This logbook was developed to standardize record keeping as well as to facilitate audits of autoclave use.

Cover Page:

Printed in **ORANGE**

UMassAmherst
Biological Waste Record-Keeping Log
 Building: _____ Room: _____
 Date First Entry: _____ Date Last Entry: _____

Contact EH&S at 413-545-2682 with any questions and to request a replacement log book

DO NOT remove any pages from this log book

All log sheets will be archived for 3 years at EH&S

Autoclave-specific Information:

105 CMR 480.00 requires this information to be recorded

University of Massachusetts, Amherst
Biological Waste Record-Keeping Log
 Autoclave Information

1. Department: _____
2. Building: _____
3. Room number: _____
4. Autoclave manufacturer: _____
5. Model number: _____
6. Serial number: _____
7. Cycle used for dry biological waste: # _____ Time _____ Temp _____ Pressure _____
8. Cycle used for liquid biological waste: # _____ Time _____ Temp _____ Pressure _____
9. This log covers dates from _____ to _____

DO NOT remove any pages from this log book

All log sheets need to be archived for 3 years; Please return all books to EH&S
 Contact EH&S at 413-545-2682 with any questions and to request replacement log book

Autoclave Pre-programmed Cycles:

105 CMR 480.00 requires this information to be recorded

Cycle #	Used for: (Dry biowaste, sterile supplies, etc.)	Cycle Type	Time (minutes)	Temp (Celsius)	Pressure (PSI)	Other Comments
		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				
		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				
		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				
		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				
		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				
		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				
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		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				
		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				
		<input type="checkbox"/> Liquid <input type="checkbox"/> Dry <input type="checkbox"/> Pre-vacuum				

Daily Log Sheet:

All autoclave use is recorded here.

Date (MM/DD/YYYY)	Quantity	Container Type	Autoclaving	Cycle #	Principal Investigator	Print Your Name		Quality Control Results	
						Your Signature	Chemical Indicator (Successful)	Spore Test Date (at least monthly)	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	
		<input type="checkbox"/> Bags <input type="checkbox"/> Flasks <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Sterile Supplies				<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes** <input type="checkbox"/> No**	

*Rerun the autoclave cycle with a new indicator. If the indicator does not change, run spores to validate correct operation. If spores fail, post an "Out of Order" sign on the autoclave; Notify responsible person and/or call autoclave repair service. Contact EH&S for alternative waste disposal methods if another autoclave is not available.

**If checking "Yes" and performing a spore test, document results on this page as well as on the spore testing log at the back of this booklet.

You must **PRINT** as well as **SIGN** your name legibly.

Column #8:
 "Chemical indicator" is to be recorded after every run. If the indicator does not change, run spores to validate correct operation. If spores fail, post an "Out of Order" sign on the autoclave; Notify responsible person and/or call autoclave repair service. Contact EH&S for alternative waste disposal methods if another autoclave is not available.

Column #9:
 If checking "Yes" and performing a spore test, document the Results on this page as well as on the spore testing "results" section at the rear of this book.

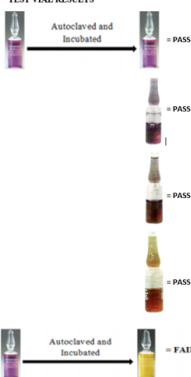
Spore Test Results Log:

Reminder Page:

Test Date (MM/DD/YY)	Print your Name Your Signature	Test Vial Result <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Control Vial Result <input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Monthly Spore Testing Record

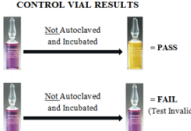
TEST VIAL RESULTS



If the test vial fails:

1. Immediately re-run the autoclave cycle with a new test vial; meanwhile post a sign on the autoclave stating: "Out of Order."
2. If the test (autoclaved) vial fails again, notify the responsible person in your department and/or call in the autoclave repair company.
3. Immediately contact EH&S on how to dispose of the biological waste properly.
4. EH&S phone: 413-545-2682
5. Discard used spore vials into a sharps container.

CONTROL VIAL RESULTS



If the control vial fails:

1. Contact EH&S for replacement spore vials (413-545-2682).

**PLEASE CALL ENVIRONMENTAL
HEALTH AND SAFETY
AT 413-545-2682 FOR
A REPLACEMENT LOG BOOK**