**AUTOCLAVE AUDIT CHECKLIST**

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| --- | --- |
| **DATE:** | **MAKE:** |
| **BUILDING:** | **MODEL:** |
| **ROOM:** | **SERIAL NUMBER:** |
| **DEPARTMENT:** | **RESPONSIBLE PERSON:** |
|  | **AUDITOR:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY** | **YES** | **NO** | **N/A** | **COMMENTS** |
| Access restricted to authorized personnel? |  |  |  |  |
| Biohazard sign posted at point of entry? |  |  |  |  |
| Emergency contact and phone number posted? |  |  |  |  |
| Spill kit available? |  |  |  |  |
| Annual TSSA inspection certificate posted, if applicable?Name of Inspector:Employed By: |  |  |  |  |
| Calibration report posted? |  |  |  |  |
| Calibration sticker affixed to unit? |  |  |  |  |
| Vessel stamping accessible? |  |  |  |  |
| Safety valve stamping accessible? |  |  |  |  |
| Cycle Log or Pressure and Temperature indicator on the autoclave is operational? |  |  |  |  |
| Printer tape present and printer ink legible? |  |  |  |  |
| Correct date and time present on autoclave? |  |  |  |  |

**AUTOCLAVE AUDIT CHECKLIST CONT’D:**

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| **ACTIVITY** | **YES** | **NO** | **N/A** | **COMMENTS** |
| Log available? |  |  |  |  |
| Log maintained? |  |  |  |  |
| Biological Indicator test log available and maintained? |  |  |  |  |
| Load probe present? If so, has it been calibrated? |  |  |  |  |
| Data logger available? If so, has it been calibrated (NIST)? |  |  |  |  |
| Autoclave performance log available? |  |  |  |  |
| Autoclave performance log maintained? |  |  |  |  |
| Last service report available?Date (dd/mm/yyyy): |  |  |  |  |
| Preventative maintenance log available? |  |  |  |  |
| Preventative maintenance log maintained? |  |  |  |  |
| Historical logs available? |  |  |  |  |
| Historical logs maintained?  |  |  |  |  |
| Records medium and storage environment are appropriate? |  |  |  |  |
| Standard Operating Procedures (SOPs) available and followed? |  |  |  |  |
| Housekeeping; work area clean and well-kept? |  |  |  |  |
| PPE available and worn for loading / unloading? |  |  |  |  |
| Chamber trap strainer present and clean? |  |  |  |  |
| Room ventilation (supply and exhaust) present? |  |  |  |  |
| Type(s) of waste container(s) present. |  |  |  |  |
| Waste disposal – waste container available / not overflowing? |  |  |  |  |
| Documentation records for trained personnel kept and maintained? |  |  |  |  |

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| **OTHER COMMENTS:** |

 McMaster Biosafety Office Autoclave link: <https://biosafety.mcmaster.ca/biosafety_autoclaves.htm>