



## Autoclave Spore Testing Submission Form

*Please fill out form completely*

Date processed: \_\_\_\_\_

Submitter: \_\_\_\_\_

Complete Section PI: \_\_\_\_\_ Recharge ID: \_\_\_\_\_

For PI submissions e-mail: \_\_\_\_\_

Facility	Autoclave	Exhaust Cycle/ Time	Please specify if different time was used	Load Type	Results	LAB ID
<input type="checkbox"/> BSRB	A	Dry 45min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> BSRB	<b>B</b>	Wet (_____)			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> BSRB	B	Dry 45min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> BSRB	Biocon lg.	Dry 45min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> BSRB	Biocon sm.	Dry 45min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> CHS 1v		Wet 60min		Water Bottles	__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> CHS 1v		Dry 50min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> CHS 2v	2v-215A	Dry please specify			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> CHS 3v		Wet 60min		Water Bottles	__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> CHS 3v		Dry 50min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> CHS 4v	A	Dry 45min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> CHS 4v	B	Dry 45min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> CHS 3v-111	ART Lab	Dry 10min @ 135 C			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> Gonda	A	Dry 50min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> Gonda	B	Wet 89min		Water Bottles	__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> Gonda	B	Dry 89min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> MRL		Wet 60min		Water Bottles	__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> MRL		Dry 50min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> NRB	A	Dry 45min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> NRB	B	Dry 45min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> TLSB- Rm.1126	North Tower	#3 Wet 40 min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> TLSB- Rm. 1126	North Tower	#5 Dry/Wrap 50min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> TLSB- Rm.1051	West Tower	#9-Wet 30min			__ Pass __ Fail __ Inconclusive	
<input type="checkbox"/> TLSB- Rm.1051	West Tower	#5 Dry 40min			__ Pass __ Fail __ Inconclusive	

Other Please fill out completely:

Facility	Autoclave (ID)	Exhaust Cycle/ Time- Please specified	Load Type	Results	LAB ID

Control -1292 BI- Lot: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX, INTERNAL USE ONLY**

Date Submitted: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_ Results Read by: \_\_\_\_\_