

Infectious Waste Treatment Facility Autoclave Daily Log of Operations

Yearly Cover Sheet

This daily log cover sheet should be completed at the beginning of each <u>license year</u> and should be kept on file at the beginning of the daily log file for that year. Attach amendments to this form as necessary.

Annual Log for Year:		Registration #:			
Name of Facility:					
Mailing Address:					
Mailing Address:	(Street)		(City)	(State)	(Zip)
Location of Facility: _					
_	(Street)		(City)	(State)	(Zip)
Phone #:					
Owner of Facility:					
Registrant Name:					
Name of contact perso	on:				

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Facilit	y:	 	
Date:			

Time unit first loaded	Time unit last loaded	Name of unit operator	Time of day unit operator started	Time unit unloaded	QA, Validation, Usual treatment	Actual recording of unit pressure	Actual recording of unit temp.	Strip chart or wheel attached?