

ENVIRONMENTAL HEALTH & SAFETY UNIVERSITY of WASHINGTON

AUTOCLAVE TRAINING LOG

By signing below, I indicate that I have read and understand the autoclave safety information. I have watched the safety video, and I have been given a chance to ask questions. I will adhere to the policy, hazards, requirements, safe work practices, and accident reporting outlined in the policy.

Autoclave make/model: Lab/Facility name:				Location (building/room number): Principal Investigator/ Supervisor name:		
Training Date		Name		Signature	Trained by	
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