**Autoclave Facilities Monthly Inspection Checklist**

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| Building name: UBC Hospital Koerner  Room #:G147 |
| Autoclave (s) Brand:Steris Amsco Renaissance  Units’ serial #:23868A |
| Inspection date: |
| Inspector’s contact information:   * Name * Phone * E-mail |

**Instructions:**

1. Complete inspection on a monthly basis.
2. Inspect each item on the checklist and check Yes box (2713) if satisfactory or No if unsatisfactory.
3. For unsatisfactory items, describe the deficiency in the Comments section.
4. Take actions or make necessary recommendations to correct the deficiencies.
5. Submit a copy of the completed checklist to RMS at the end of each month, through the [autoclave@ubc.ca](mailto:autoclave@ubc.ca) email

|  |  |  |  |
| --- | --- | --- | --- |
| **Check List Items** | **Yes** | **No** | **Comments** |
| Does the room have a controlled Access? |  |  |  |
| Room is open but area/floor is controlled |  |  |  |
| Is the area inspected monthly? |  |  |  |
| Record of inspection is up-to-date? |  |  |  |
| The area is free of spills and leaks? |  |  |  |
| Autoclave cycles are recorded on autoclave logs? |  |  |  |
| Autoclave Charts are kept on file? |  |  |  |
| Written autoclave logs contain all required information? |  |  | Carnot.yi.org equipment sterilizer maintenance log |
| Has the autoclave unit been tested with biological indicator (BI) monthly? |  |  |  |
| Was the test successful this month? |  |  |  |
| Were the BI test parameters (temperature, time, pressure) noted on the autoclave log? |  |  | Cycles numbered and parameters noted in numbered cycles |

Inspector’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_