

# Carolina Family Health Centers, Inc.

## Autoclave Maintenance Log

Autoclave # \_\_\_\_\_

Serial #: \_\_\_\_\_

Date	Maintenance Completed	Replacements	Initials	Comments
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Gasket <input type="checkbox"/> Filters <input type="checkbox"/> N/A		
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Gasket <input type="checkbox"/> Filters <input type="checkbox"/> N/A		
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Gasket <input type="checkbox"/> Filters <input type="checkbox"/> N/A		
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Gasket <input type="checkbox"/> Filters <input type="checkbox"/> N/A		
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	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Gasket <input type="checkbox"/> Filters <input type="checkbox"/> N/A		