| **AUTOCLAVE TYPE:** | **SERIAL NUMBER:** |
| --- | --- |
| **LOCATION:** | **MONTH:** |
| **MONTHLY SAFETY TEST** | **YES/NO** | **COMMENTS** |
| CASSETTE SEALS SECURE |  |  |
| SAFETY DEVICES FUNCTIONING CORRECTLY |  |  |
| VISUAL INSPECTION |  |  |
| ANNUAL INSPECTION BY A COMPETENT ENGINEER |  |  |
| COMMENTS | | |
| **NAME :** | **DATE:** | **SIGNATURE:** |

| **DATE** | **Cycle No** | **USER** | **HELIX TEST STRIP** | **CONTENT** | **PASS** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |