| **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** |
| --- | --- | --- | --- | --- | --- |
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